MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION

3	042	60420	9/	CERTIF	ICATE	OF DEATH	H		04	263			
1.	PLACE OF DEATI				-	2. USUAL RESIDEN				99.4			
	W	ashington		MARY	LAND :		rylar	na	b. COUN	Wal :		gton	
	b. CITY OR TOW	N (if outside corporat and give πearest, tow	e limits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (I	f outside	corporate II	mits, wri	te RURAL	and glv	neares	t town)
Ţ		A State of	The state of the s	3 years		William	spor	t		e de la composition della comp	7/-/		
1	d. NAME OF HO	TI SPITAL OR INSTITUTION	N (if not in	hospital, give street	address)	d. STREET ADDRESS					0	. IS RES	IDENCE ARM?
1	Martin Ma	nor Nursing	Home	"TUP"		Canal Ro	i.			_	Y	ES 🗌	
3.	NAME OF DECEASED		rst	Middle		Last	4. D/	ATE	Month		Day	Yea	-
	(Type or print)	Annie		Elizabeth	A A	rdinger		EATH	Marc		24	19	
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIE	DX 8	. DATE OF BIRTH		9. AGE (II		IF UNDER	1 YEAR	Hours	R 24 HRS.
	remale	White	WIDOWE	DIVORCE	D 🔲	Jan. 29 18	389	78	yrs.	1	22	Hours	Name.
10:	. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS O	R	11. BIRTHPLACE (C		State, or foreig	n country)		TIZEN (OF WHAT	
	Housewi			ome		M	aryl	and			.S.A		
13					ĺ	14. MOTHER'S MAI	DEN NAM	IE					
	Charl	es Ardinger	2			Lula Wo	ltz						
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	S. SOCIAL SECURITY N		INFORMANT		Can	Address	i.			
	No			None	Mr	s. Ida Ardi	nger	Will	iams	port	Md.		
		DEATH [Enter only on			(c).]		-			-		RVAL BE	
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) B4	go Lend	Rion	cho pues	ma	110	- 27	1.18	4	5	Mar.
	332X	DUE											
	Conditions, If	any, which	(b) Ad	vancel.	arte	n'os cluir	n'	gener	alis	20.	5-	10 mg	-
	gave rise to cause (a), s		то ,	2 4				0	0	,		0	
	underlying caus		(c) X	Cerebral	- Yth	combose							
NO.	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRI	BUTING TO DEATH BUT	NOTRELA	TED TO THE TERMINAL	DISEASE	CONDITION	IVEN IN F	PART 1(a)	19.	WAS AU PERFOR	TOPSY
ICA											YE		NO 4
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEA	TH 20b.	DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature o	of Injury	in Part 1 or i	Part II of	item 18	.)		
		INJURY Month, Day,		INJURY OCCURRED	20e. Pl Ai	CE OF INJURY (Home, f	farm.! 20	Of. (City or	town)	(Cou	inty)	(3	State)
MEDICAL	Hour a.		While	e Not While		y, street, office bldg.,		(41.5)	,			Ì	
2		m. 19	at wo			1- 1:		. 36.00	. 0 . 4		- N		- 1 1 A
		fy that (I) (this hos								, 19.6	1		
	saw the de	ceased alive on	car 1.	1967,	and that	death occurred at	W	I, from the	causes	and on t			above.
	Signal of	0000) id/	A	M.D	ATTENDING PHYS.	MED. DIRECTO	OR STA	FF [3	111	(->	
	22c. PHYSICI	AN'S	LIV	9 111	M.D	1 22d. ADDRESS				11			
	NAME (T	ype)				217W.W	85hu	gtere.	14	Hoy	eist	oun	1/ca
23	a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d	LOCATION	(City, to	WN OF CO	unty)	(S	tate)
	REMOVAL (Sp Burial	eclfy) March	27-67	Rivervie	w Cen	etery		lliams					
2	. FUNERAL DIR	1 1 2 2 2 2 2		ADDRESS		25a. RI	EC'D BY I	REGISTRAR	25b. RE	GISTRAR	'S SIGN.	ATURE	
	Albert L	Leaf Wil	liamsp	ort Maryla	nd	HAR	28	1967	geli	orle	Joseph	dec.	
-									**		U		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

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SWSED. an war die eng The second control of ment of world the tight is the last of the property of the party of th Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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~	and the	-		

CERTIFICATE OF DEATH

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CITY OR TOWN (ngton				O MICHAEL DECEMBERICE (4.01 () ()	1 45 1 1 1 1		4 4 4 4 7
Washi (IFY OR TOWN (write RURAL one					2. USUAL RESIDENCE (Where deceased live	b. COUNTY	lesidence before	odmission)
write RURAL on			MARY	(LAND	Penn	sylvania	U. COUNT		
	f outside corporate limits, give nearest town)		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If or		s, write RURAL or	nd give neorest	town)
nagei	stown		5 days		Wayr	esboro		75-3	3
NAME OF HOSPIT	AL OR INSTITUTION (If not	in hospitol, gi	ve street oddress)		d. STREET ADDRESS				IS RESIDENCE ON A FARM?
Washi	ngton Count	У			26 W	. 3rd St	9	YE	S NO X
AME OF ECEASED	,		Middle May		Lost Balsiger	4. DATE OF	Month 3- 1	O-	Year 19 67
X				1 1 8			In years I IF U	INDER 1 YEAR	
male	White	WIDOWED [7-17-02	lost	birthdoy) Mor	nths Doys	Hours Min.
most of working Housew	life, even if retired)				Pen	na.	untry)	12. CITIZEN OF 1 COUNTRY? U.S.A	
ATHER'S NAME	,				14. MOTHER'S MAIDEN	NAME			
Howard	King				Minnie	Schrader			
		16. 50	OCIAL SECURITY NO.	17. IN			Address		
no, or unknown)	(If yes give wor or dates of	service)		Mr.	H. E. Bal	siger	Waynes	boro, P	enna.
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gast		nal a	nd intracra	inial hemo	orrhage.	ONSE	T AND DEATH
ise to immediat	e couse (o), DUE 1	0	e thromboo	cytop	enic purpur	a.			
PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT REL	ATED TO TH	IE TERMINAL DISEASE CO	NDITION GIVEN IN P	ART 1(o)	P	VAS AUTOPSY ERFORMED?
OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	inter nature of injury in	Port I or Port II of i	tem 18.)		
Hour o.i	n. n. 19	While of work	Not While of work	focto	ry, street, office bldg., etc.			(County)	(Stote)
21. I certi	fy that (I) (this haspeceased alive an	ital) attend 3-9-	ed the deceased 67_19	fram and that	3-5-67 , death accurred at	9, ta 3:45aM, fran	3-10-67	, 19, tha an the date	t (1) (we) las stated abave
saw the deceased alive an 3-9-67 19 , and that death accurred at 3:45-2M, fram causes and an the date stated abave. 220. SIGNATURE ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED 3-1.3-67									
-					22d. ADDRESS				
22c. PHYSICIAN'S NAME (Type		lullah,	м. р.		132 N. I	Potomac S	t., Hage	erstown,	Md.
E 1 2 C C C C C C C C C C C C C C C C C C	AME OF CCEASED YAPPO or print) X male ISUAL OCCUPATION ISUAL OCCUPATION ISUAL OCCUPATION ISUAL OCCUPATION IN MOST OF WORKING HOUSEW ATHER'S NAME HOWARD RANGE OF DI PART I. DEA' A GO. ACCIDENT WA DR CONTRIBUTING IF EITHER, NOTIFY 20c. TIME OF INJU HOUR OF, p. 1	AME OF CEASED (Processed of State of St	pe or point) Ethel X A 6. COLOR OR RACE White WIDOWED Thousewife ATHER'S NAME HOWARD WAS DECEASED EVER IN U.S. ARMED FORCES? NO, or unknown) B. CAUSE OF DEATH (Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: JAMED HOWARD JOHN HOWARD	AME OF CEASED (Processed of Service) AME OF CEASED (Processed of Service) ACT (COLOR OR RACE (PROCESSED O	AME OF CEASED (Proposed Print) X 6. COLOR OR RACE (MIDOWED DIVORCED SUBJECT OF MARKED WIDOWED DIVORCED DIVORCES? ATHER'S NAME HOWARD KING NOTH YEAR OF PORCES? NO, OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: A GOOD DUE TO Conditions, if any, which gave isse to immediate cause (a), and the underlying couse isse to immediate cause (b), and the underlying couse isse to immediate cause (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING DIVORCED	AME OF CEASED (CEASED Prior) Ethel May Balsiger X 6. COLOR OR RACE (Mhite WIDOWED NEVER MARRIED NEVER MARRIED NOT PRIOR (COUPATION (Give kind of work done mass of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Frank Housewife 14. MOTHER'S MAIDEN HOWARD NAME 14. MOTHER'S MAIDEN HOWARD NAME 14. MOTHER'S MAIDEN Minnie Name 15. SOCIAL SECURITY NO. 17. INFORMANT Mr. H. E. Bal 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: A GOVERNMENT OF DEATH (Enter only one couse per line for (b), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COUNTRIBUTING COU	AME OF CEASED What Balsiger Death Print Bullowed Divorced To The Terminal Death Schrader NAME Under Share Contributing life, aven if refired Death Conditions, if any, which gave is to immediate cause (0), toting the underlying cause of the Contributing to Death (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. DOC CONTRIBUTING COURRED COURRED COURS (0), to The Courred Course (0), to The Course Course (0	AME OF FERASED POOR PROCEST PROCEST TO SUBJECT SECURITY NO. INFORMANT Address Manual Continues in only one couse per line for (a), (b), and (c). PART II. DEATH WAS CAUSED BY: Continues of the medicale couse (a), and in the medicale couse (b). The significant continues or the medicale couse (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING COURSED While Control was underlying couse (c). The of injury Month, Day, Year Hour own. AME OF CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART II. DEATH WAS CAUSED BY: Conditions, if any, which gave is to immediate couse (b), and contribute the order of the country of the cou	AME OF CEASED PRINT! Ethel May Balsiger OF OF AND

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death Poge 4 may be retained by the hospital or attending physician.

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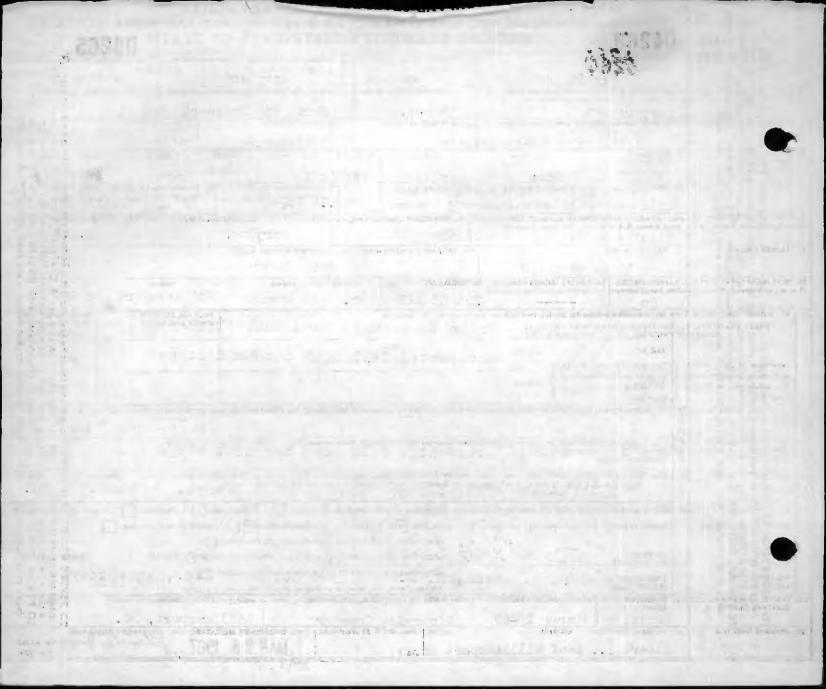
FOR STATE WEALTH DEPT.

iay is necessary al director. Page for your files. death. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any denoy to the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State D please execute the certificate, writing the word 4 should be forwarded to the Chief Medical O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. O DEPUTY

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MARYLAND TO THE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Washington Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 a. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Rural Williamsport Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Washingto n County Hospital Pinesburg 3. NAME OF 4, DATE Day Month Year DECEASED OF (Type or print) 26 DEATH 19 Keller Banzhoff March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR IF UNDER 24 MRS. lest-birthday) Feb.14 1874 Months Hours Male White WIDOWED IV DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A Maryland Fishing Fishing Guide 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Unger William Banzhoff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Williamsport Mr. Amos Banzhoff 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN and contusion Sudden PART I. DEATH WAS CAUSED BY Brain Hemorrhage IMMEDIATE CAUSE (a) DUF TO accidental fall down basement steps Conditions, if any, which paye rise to immediate course DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 CERTIFICATION PERFORMED? NO TO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Entag nature of injury in Part I or Part II of item 18.) PRIMARY A or CONTRIBUTING fall down basement steps Accidental CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Month, Day, Year (State) factory, street, office bldg., etc.) Home While Not While Md. Wmspt. Wash. at work et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry and in my opinion Accident X death resulted from: Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Weeks. EXAMINER'SHOWARD NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial March 29-67 Riverview Cemetery Williamsport, Md. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Albert L.. Leaf Williamsport Md..



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Maryland b. COUNTY Washington Washington death. MARYLAND delay Pag Department b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corograte limits, write RURAL and give nearest town) write RURAL and give nearest town) after Leitersburg Leitersburg vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? S hours Office alang with farm Rd in Item 18. Give Pages Rd YES NO. 24 haurs after death. 3. NAME OF First Middle 4 DATE Month Day Year DECEASED 11 67 William Bingaman March Elmer 10 within (Type or print) DEATH S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED (X) NEVER MARRIED DATE OF BIRTH 9. AGE (In years LIF UNDER 24 HRS birthdoy Dovs Hours 7-25-06 WIDOWED DIVORCED white male event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Steel COUNTRY? duy mfg. Welsh Run, Md. d'pending" in pencil in Chief Medical Examiner's laborer pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Martha Mummert John E. Bingaman and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) If If yes give wor or dotes of service remayal, Ella Bingaman Leitersburg. 174-01-3577 Md. no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH D IMMEDIATE CAUSE (o) This certificate shauld the ward crematian, DUE TO 15-30 14 cm Conditions, if any, which gove rise to immediate couse (a). DUF TO stating the underlying couse kate, writing the D lost. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPS: PERFORMED? YES NO its designated agent, priar ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY Or CONTRIBUTING shauld CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Наиг а.т. While Not While foctory, street, office bldg., etc.) at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry FUNERAL DIRECTOR: and in my opinion deoth resulted from: the funeral director. Accident . Suicide 4. Homicide Notural causes Undetermined monner CHIEF MEDICAL EXAMINER TO DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OU 3-13-67 Health ar **EXAMINER'S** NAME (Type) Follow 22 of county) 23b. DATE THEREOF BURIAL, CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 0 D REMOVAL (Specify 3-14-67 Green Hill Cemetery Waynesboro, Pa. 24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Hagerstown, Md.

VR A15ME (5)

Minnich Funeral Home

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División of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OZBOT TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbate papers. Pages 7 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs affer deam.

CERTIFICATE OF	DEATH
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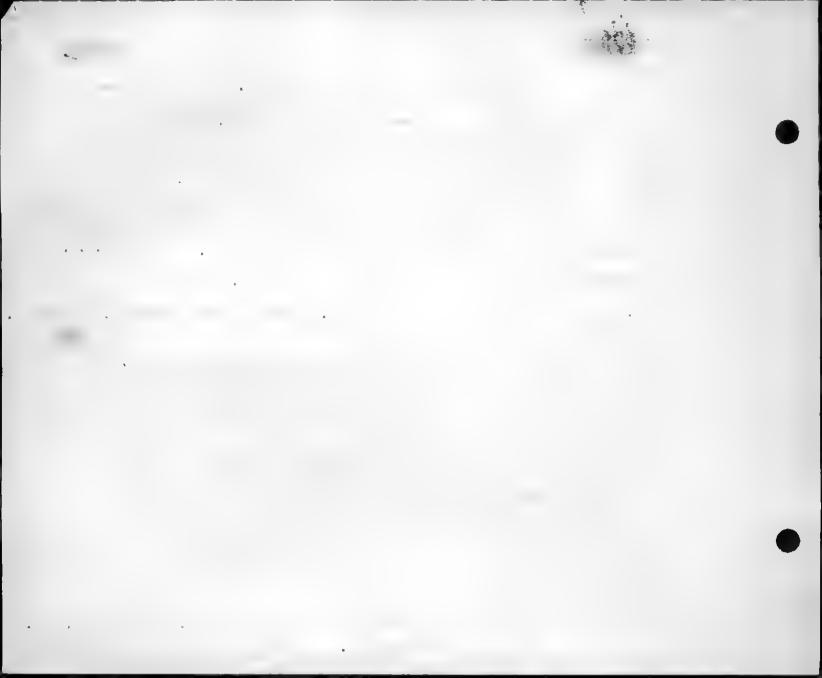
	CARG	J		CERTII	TICALE	OF DEATH			U42	04		
	PLACE OF DEATH a. COUNTY	Washingto		MAR	YLAND	2. USUAL RESIDENCE (a. STATE Ma.1	Where dec	h COII	ian: Reside	nce before	admissiongto	
	b. CITY OR TOWN (If autside carporate limits	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	utside carp	orate limits, write RU				
	Hagers	give negrest town)		1 day	1	Cascade	e			a	11-1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital, giv	ve street address)		d. STREET ADDRESS			***		ON A F	ENCE
Ţ	Washingt	on County	Hosp:	ital	į	Rd 1					YES	
3.	NAME OF	Fir	st	Middle		Last	4. DAT	E Man	th	Day	Уе	or
	(Type or print)	Edith	n B	lanche	Bo	ppe	OF DEA	H Marc	h	1	5 19	67
5.	SEX	6. COLDR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
1	female	white	WIDOWED [DIVORCE	0 🔲	10-6-1892	S	7 4 birthdoy) yrs.	Months	Days	Hours	Min.
10d	n. USUAL OCCUPATION ring most of working nousev	I (Give kind of work done life, exen if retired) V11 O	UND	D OF BUSINESS OR USTRY OM O		Indian 3				ITIZEN OF OUNTRY?		
	FATHER'S NAME					14. MOTHER'S MAIDEN	- Chi	0-7				
	John Gi	rove				Anna I	Penn	er				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?		OCIAL SECURITY ND.	17, 1N	FORMANT		Addr	955			
	es, na, or unknown)	(If yes give war or dates o	f service)	none	Wm	. A. Bopt	o e	Cascade,	Md.			
		e cause (a),	(o) Massi TO inte (b) Unkn	ive repeasional t	ted heract.	emorrhage 1	into	gastro-	j	nter	erval bet set and c mitt hou	ently
NO		GNIFICANT CONDITIONS CO			LATED TO TH	IE TERMINAL DISEASE CO	NDITIDN G	GIVEN IN PART 1(a)			WAS AUTO PERFORM	ED?
S		osclerotic (eeubben (Y	S K	NO .
MEDICAL CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	205. DESC	KIRE HOM INJURY O	CCURRED. (E	Enter nature of injury in	Port i or	Port II at item 18.)				
MEDICA	20c. TIME OF INJU Haur o.r p.r	1.0	20d. INJ While at wark	URY OCCURRED Not While at wark		OF INJURY (Hame, formander) of the organization of the organizatio		f. (City or town)	(Co	ounty)	((Stote)
	saw the d	fy that (I) (this has ecopsed alive on P	pitol) ottendo arch 15	ed the deceased	from 19 and that	arch 14 death occurred at	2:05	, to <u>March 1</u> M, from couses	5 , 19 and an	67, th	at (I) (e stated	we) last I above.
	22a. SIGNATURE	2 Jogn	or	L2-	M.D.		MED. DIRECTOR] Ma		17,	1967
	NAME (Type	William T	. Layma	n, M.D.		Ha	O Progerst	fessional Lown, Mary	Arts land	Bld	g.	
230	BURIAL, CREMATIC	1		23c. NAME OF CEM	ETERY DR C	REMATORY	23d.	LOCATION (City or To	wn)	(County)	(5	tate)
	REMOVAL (Sectify	2 20	-67	Rose	H111	Cemetery	7.	Hagert	OWn	Md		
	4. FUNERAL DIRECTO			ADDRESS		Cemetery 250 REC MAR Md. DANK	D BY REGI	1967 25/20	GISTRAR	SIGNATUR	142	
1	Minnich	Funeral I	Home 1	Hagersto	own,	Md. DAIE	40	1001		0	00	

VR A15 (4) 20 M 1/66

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Items 18-21 Film 387 4-5-MARYEAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH/DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY a STATE **b** COUNTY Washington Washington death MARYLAND delay b CITY OR TOWN (I autside carporate ilmits c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) P Departme write RURAL and give negrest town) PM3. ofter Rural, Cascade 1 Week Rural. Cascade d NAME OF HOSPITAL OR INSTITUTION (If not in base to), give street address) e 5 RESIDENCE ON A FARM? d STREET ADDRESS form hours Pages YES NO X ate 24 haurs Infter death with 3. NAME OF Midd e 4. DATE Manth First 72 Year ᄶ DECEASED QF. 9 Shirlar 8 Give I March event with the Bow man 19 6 / (Type or print) DEATH Office along S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Hours 2/25/35 Female White WIDOWED DIVORCED Hem 18 10a USUAL OCCUPATION (Give kind of work done Ob. KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CITIZEN OF WHAT during most of working life even if retired)

Machine Operator COUNTRY? INDUSTRY pages in any Smithsburg Md rd "pending" in penal i Chief Medical Examiner 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within pmmcil Marshall Bowman Ele pup Mary F. Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address Box 5 permit. (Yes, no ar unknown) (If yes give war ar dates of service removal. No. Mrs. Marshall Bowman, Route Cascade Md. INTERVAL BETWEEN UNSEL AND PEATH 18 CAUSE OF DEATH (Enter only one couse per ne far (a), (b) and (c).) **burial-transit** PART I DEATH WAS CAUSED BY Exposure ō IMMEDIATE CAUSE (a) e, writing the word forwarded to the Cl cremotion, DUE TO VWGIIHOHINGEBIGINI PROPOSHTI Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause 0 last. 05 buriol, msed (19. WAS AUTOPSY PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION PERFORMED? the certificate, YES [K] pe 2 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in fort i or Port I. of item 18) area -3 should its designated agent, prior PRIMARY G at CONTRIBUTING G should TAL EXAMINER: CAUSE OF DEATH apparently succumbed to elements 20e PLACE OF NJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year (City or town) (Caunty) (State) Hour am. Mountain Al Caett) Nat While Unknown may be retained for your IUNIRAL MINICTOR: Page Ritchie K nr. Ft. Wash. Md. Page 4 at wark L at wark please exerute 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry bel. and in my apinion funeral director. death resulted from Natural causes Accident X Suicide ... Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Ö 5 may 1 23c NAME OF CEMETERY OR CREMATOR d TOCATION (City or Town) the 23b. DATE THEREOF BURIAL CREMATION. (County) (State) 167 Bethe] antz Frederick Co. RECD BY REGISTRAR 24 FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) Waynesboro Pa. 6M 1/66



04267			OF DEATH	EI, DALIIMORL, MARILAND	04269
PLACE OF DEATH a. COUNTY	Washington	MARYLAND	a. STATE Mary		ashington
b CITY OR TOWN (If a write RURAL and gi	utside carporate imits, ve nearest tawn) Hagerstown	c LENGTH OF STAY IN 16		tside carparate limits, write RURAL and exstown	give nearest tawn)
d. NAME OF HOSPITAL	OR INSTITUTION (If not in hospital, g		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	n Manor Rest Hom			Avalon Ave.	YES NO 🔀
3. NAME OF DECEASED (Type or print)	Jessa	Pearl	Brill	OF March	Doγ Year 4 19 67
s sex Jeanle	color or race 7. Married White Widowed	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 21,188	87 80 yrs. Mant	
10a USUAL OCCUPATION (G during mast of warking life HOUSE)	ive kind af work dane 10b. Ki , even if retired) IN	ND OF BUSINESS OR DUSTRY Own Home	Lincoln.	Vebraska	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER S NAME	Alexander P. Fle	tcher	14. MOTHER'S MAIDEN N	rame essa Grady	
15 WAS DECEASED EVER II (Yes, no, ocunknown) (If	N U.S. ARMED FORCES? Yes give war ar dates of service) 22	SOCIAL SECURITY NO 17	INFORMANT Brill 29 1	Address Redwood Dr. Hager	stown.Md.
18. CAUSE OF DEAT PART I. DEATH	H (Enter only one couse per line for WAS CAUSED BY: 1MMEDIATE CAUSE (a) DUE TO	(o), (b), and (c).)	ma Color	e E Senoul-	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, w rise to immediate c stating the underlyi last.	hich gave (a), (b)	zel Hotasy	fasur"		l ys
PART II. OTHER SIGN	IFICANT CONDITIONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UIT OR CONTRIBUTING CONTRIBUTING CONTRIBUTING MASS UIT FEITHER, NOTIFY ME CONTRIBUTE ME CONTRIBUT	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Port II of item 18.)	
20c TIME OF INJURY Haur a.m. p.m.	Month, Day, Year 20d II While 19 at worl	Mot While fac	CE OF INJURY (Home, farm tary, street, affice bldg., etc.)		(County) (State)
	that (I) (th is hospital) attended cased alive an Feb 2	ded the deceased from 195196 >, and tha	12-21-, 1 It death occurred at,	9 66 , to 7-4-, 32 M, fram couses and a	19 <i>6</i> 2, that (I) (we) los in the date stated obave
220 SIGNATURE	W9-180-	III., M.	D. PHYS	MED STAFE !	DATE SIGNED 3-4-67
22c. PHYSICIAN'S NAME (Type)	dward wi	DIHOW, MI	22d. ADDRESS 217 W. W.	shing for st.	Hagerstonn
23a BURIAL, CREMATION, REMOVAL (Spec fy)	23b. DATE THEREOF 3/6/67	23c. NAME OF CEMETERY OR Rest Haven	_	23d. LOCATION (City or Town) Hagerstown, W	(Caunty) (State)
24 FUNERAL DIRECTOR Rest Have	Whe G, Horo	ADDRESS	2So REC'D	BY REGISTRAR 25b. REGISTRA	RS SIGNATURE Judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician end, campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and a not pay event, within 72 hours after death? TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66



ALZER

CERTIFICATE OF DEATH

OADYA

· ~			CING					V. DCM111			02	210	
E E E	7		PLACE OF DEATH			·-		2. USUAL RESIDENCE (ssian)
	V	1	kashing	ton		MARYL	AND	"Maryland		b. C0	YIMUT Mashin	gton	
afts afts			. CITY OR TOWN (Fourside corporate limits,		c LENGTH OF STAY IN	l lb	c CITY OR TOWN (If a	utside carpari)
Part Part			Rura 1	l give negrest town)		6 Years		Rural Sm	ithbu	rg	*	11	
In 2 ho				AL OR INSTITUTION (If not in	haspital, gi	ve street address)		d. STREET ADDRESS				e. IS RI	FSIDENCE A FARM?
Ans. The law requires from the action termicals be executed within 24 from a mean of an artending physician. It is not seen signed by the attending physician and completely filled in by the funeral for use as the burial-transit permit. Then please remove carbon papers. Pages I and Health prior to burial, cremation, ar removal, and in any event, within 72 haurs affer dead.	40		Avalon	Manor, Inc.				Holiday	Acres	, Box 20	62 .	YES [NO.
with			NAME OF DECEASED	First		Middle		Last	4 DATE OF	M	anth	Day	Year
dete carb			Type or pnnt)	Edath		Catherine		Brown	DEATH				19 67
we we we		S.	EX		MARRIED]	NEVER MARRIED		DATE OF BIRTH		AGE (In years last birthday)	IF JNDER 1 Months	Doys Hou	DER 24 HRS
S W S			Femalo	White		DIVORCED		hrch 16, 1	-	14 YES	. 0	4	
9 5		10e	USUAL OCCUPATION	(Give kind of work dane life, even if retired)	10b. KIN	ID OF BUSINESS OR		11 BIRTHPLACE (County	& State, ar fa	reign country)		IZEN OF WHAT INTRY?	
and and		_	ng prost of working HOUBEWI	fe	Ö	ustry Mn Home		Lansing,		igan		S. A.	
8 - S		13.	FATHER'S NAME					14 MOTHER S MAIDEN	NAME				
There are		L		Foerster				Mary San	dowsk				
ind the death termisate in. In. by the attending physicial ransit permit. Then pleas remayal, an		15. (Ye	WAS DECEASED EVE s, no, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of s	l6. S Brvice)(OCIAL SECURITY NO.	17. II	NFORMANT		He	der stow	n, ild.	
ue itter erm n, a			No.		Ne	one	M	rs. James N	. Arci	ner 213	Fairf		
he of the			18. CAUSE OF DI	ATH (Enter anly one cause IH WAS CAUSED BY:					-			INTERVAL ONSET AN	BETWEEN D DEATH
n. n. ny fl ansiem			2 -	IMMEDIATE CAUSE (a)	Cer	rebrel		hrom bos	12			ONSET AN	141
equires ind physician. signed by burial-trai				OUE TO						14			
urio an			Conditions, if ony rise to immediat	e rouse (a)		terio Sch	eret	ic Cerel	pls	1 976 ·	Diregue	- 24	7
Table by table			stating the unde	rlying cause Dut 10									
attending has been se as the h prior ta			last.) (c)					Markey and			19 WAS A	ωT0PSY
has has	9.	S	PART II. OTHER ST	GNIFICANT CONDITIONS CON	I KIRITING 1	DEATH BUT NOT KELA	TED TO F	HE LEKMINAL DISEASE CO	NOTITION GIV	tn in Paki I(d)		PERFO	RMED?
are are		E	00 400000000000000000000000000000000000			chief Hold hillow of	#II Don Etc. J		0 . 1 D	. 11 . 12 . 10 .		YES	NO Z
spital ar ertificate ert far u ed far u		MEDICAL CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED (Enter nature of injury in	Part I at Pai	rt II at item 18)			
the certain		¥		MEDICAL EXAMINER)	204 (11)	IIIDV OCCUPATO	20 - DLA	E OF INDEEDY /Home for	m. 20f.	If the on town	If an	ntul Lutan	[Chata]
by the has ther this ce be detache State Dept		ĕ	ZVC. TIME OF INJI Hour ar		While	JURY OCCURRED Not While	Zue PLAC	E OF INJURY (Hame, fair iry, street, affice bldg., etc.	11, 20%.	(City at town)	(Cau	my)	(State)
by the		~	p.r		at wark				10 (411	1 - 10/	+4 - / 11	
7 2 3			21 I certi	fy that (I) (this hospiteceased alive on/1	al) attend	ed the deceased t	rom_9	death accurred at	1966, 1	a Merch	7 196	☑, that (I)) (we) las
retained retained ECTOR: / 3 shauld with the			22a SIGNATURE	eceased alive oil	/ /	17122_, 0	nu mui	dedili decolled di	H-15-12	italii taase		TE SIGNED /	ied abave
be retained DIRECTOR: ge 3 shauld led with the			19/	12 -	1/1	1	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF	0/3/	15-16-	7
V be defined			22c. PHYSICIAN'S		7/1	77-0-7		22d ADDRESS	bine cron	v +	-197	13/0	
4 may ERAL Inc. page	1		NAME (Type)	Lloyd A	4	oF-F-ma	h-	114.14.1	ot. 5	t. Hes	erst	own,	M d
Poge 4 may be root to Function, page 3 should be filed a	F	230	BUR AL, CREMATIO	N, 23b. DATE THERE	OF	23c. NAME OF CEMET	ERY OR (REMATORY	23d L0	CATION (City Gr	Tawn)	(County)	(State)
Poge O FUN direct shoul			REMOVAL (Specify Romoval	2- 19-	67	Mt. Hope	Ceme	etery	Lar	sing Mi	chigan		
VR A15 (4)			. FUNERAL DIRECTO			ADDRESS		25a REC	D BY REGISTI	RAR 25b.	REGISTRAR'S SI	GNATURE	
25M 1/67		Jο	hn H. Ba	st, Jr. 112	N. Mei	n St. Boor	ısbor	o, Md. DATE	211	967 /	Marie	Judg	-

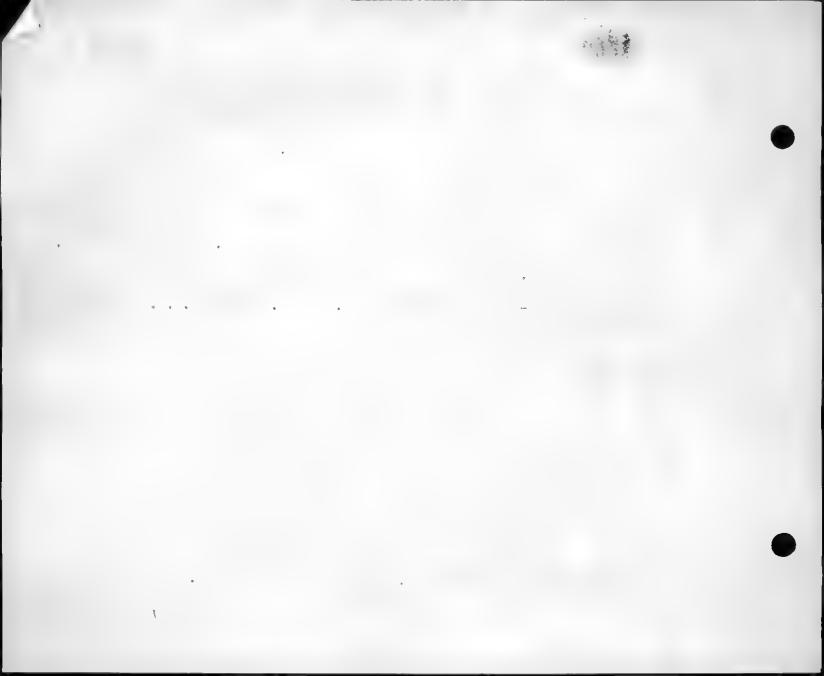


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04269	3		CERTIFIC	ATE	OF DEATH		34	271	
		PLACE OF DEATH O. COUNTY	WASHING	TON	MARYLA	ND	2 USUAL RESIDENCE (V	Where decease		Residence b	efore odmission) NKLIN
			f outside corporate limit GVR pearest town FAGERSTOWN	s,	CLENGTH DE STAY IN 1		C. CITY OR TOWN (IF OUR RURAL	its de corporot		ond give ne	orest town)
10	,		MANOR NURS				d STREET ADDRESS R.D.#	3			e IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	SUELLA	rst RIN	Middle EHART		Lost CASPER	4 DATE OF DEATH	MARCH	12	19 - 1
	-	SEX EMALE	6. COLDR DR RACE WHITE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH			IF UNDER 1 YE Months Do	
	dur	PARTNER	(Give kind of work done life, even if retired)	105 KIND INDU OF	OF BUSINESS DR ISTRY CHARD		11.8 IRTHPLACE (County WASHINGTO)	N CO.,		12 CITIZEI COUNT	N DF WHAT
			EDMUND P.					NAME RINEH			
	IS (Ye	WAS DECEASED EVE s, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16 SO 212	cial security no. _38_9683 a		JOHN P. C.	ASPER			TEVILLE ISYLVANIA
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO											INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, rise to immediate stating the under last.	e couse (o), ((b) TD (c)							
2	CATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COI	NDIT ON GIVEN	I IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
	CERT		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OCCU	IRRED (Enter noture of injury in	Port I or Port	II of item 18)		
	MEDICAL	20c. TIME DE INJU Hour 'o.n p.r	10	20d INJU While at work	Not While		E DF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(County) (State)
		saw the de	iy that (I) (this hoseceased alive on_	spital) attende 3	d the deceased fro 111 19 74 , and	om d thot	10-9, death accurred at	9 <u>62</u> , to 3309.M	from causes ar	id on the	date stated above
		22o. SIGNATURE	Jo hu	HHom	n Co hac	· M.D		MED DIRECTOR [STAFF PHYS.	22b. DATE:	SIGNED 3-47
1	00	22c. PHYSICIAN S NAME (Type)	V 0.111 1.1				154 W. W				
		BURIA, CREMATIC	MARCH	15, 1967			ETERY		TSBURG	PENNS	
	29	I. FUNERAL DIRECTO CHARLES		HAGERST	ADDRESS OWN, MARYI	AND	250. KECI		67 Jelie	STRARIE SIGN	auge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detoched for use os the burial-transit permit. Then please remave carbon papers. Page should be filed with the State Dept. of Health prior ta burial, cremotian, or removal, and in any eyent, within 72 haurs at Page 4 may be retained by the hospital or attending physician.

VR A1II (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Brownsville Cemet

04270 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY Washington o. SIAIF Maryland b COUNTY Washington tarbon papers. Pages 1 ept, within 72 haurs ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Knoxville Rfd. 1 Rural Knoxville Years .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS and completely filled Weaverton 3. NAME OF Middle Lost 4 DATE Month First DECEASED March 31. Castle Elsie 0. (Type or print) DEATH S. SEX 8 DATE OF BIRTH 9. AGE (n years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** remoye 60 birthdoy) June 5, 1906 WIDOWED T DIVORCED Female. White 10o USUAL OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) Own Home Middletown, Md. Housewife 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal, Hattie Mae Cochran Ira C. Moss Knoddens I le Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Cornelius W. Castle, Jr. Rfd. 1 -26-8159 No. cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) **DUE TO** signed ! burial, Conditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying couse certificate has been be detached far use as the State Dept. of Health priar ta lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED (City or town) Hour 'o.m. factory, street, office bldg., etc.) After at work of work 19 63 to 1-9-21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 1-9 - 1947, and that death accurred at 41 M, fram causes and on the date stated above. TO FUNERAL DIRECTOR: 22a SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v PHYS 22d ADDRESS 22c PHYSICIAN'S SECONDARI BOONSBORO NAME (Type) 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF

John H. Bast, Jr. 112 N. Main St. Boonsboro Md.

PIIVIICIAN: The law requires that the death certificate be executed within 24 hours after death by the hospital or attending physician. OR ATTENDING be retained

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

Brownsville. Md RECO BY REGISTRAR

(County)

120

(County)

e IS RESIDENCE ON A FARM?

Dov

COUNTRY?

YES NO X

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS ALTOPSY PERFORMED?

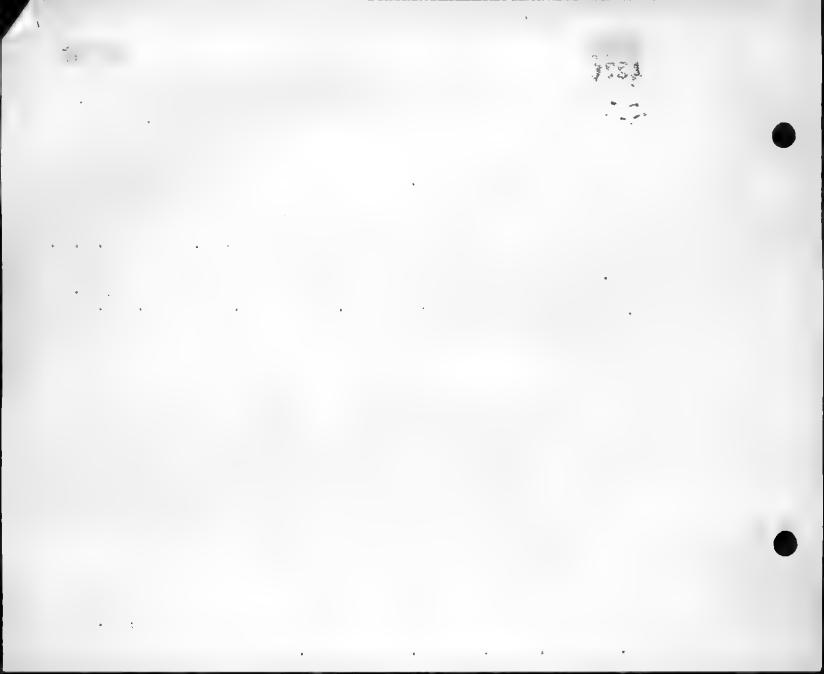
19.67, that (I) (we) last

NO

(Stote)

(Stote)

67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0427	1		CERTI	FICATE	OF DEAT	ſΗ			U961	12			
ᆥ	o. COUNTY	WASHINGTO	N	RAA.	RYLAND	2. USUAL RESID	ENCE (Where d		L COUNTY	Residence befor	,			
H	b city or town	(If outside corporate amit		c. LENGTH OF STAY		CITY OR TOWN					-			
		nd give neorest town)	•	4 DAY	il			MARY		,				
<i>"</i> [d. NAME OF HOSP	TAL OR INSTITUTION (IF n	ot in hospital,	give street address)		d STREET ADDR	ESS		***************************************	T	B. IS RESIDENCE ON A FARM?			
	WASHINGT	ON COUNTY	HOSP	ITAL							YES NO X			
1	NAME OF DECEASED (Type or print)		rst L 1 AM	Middle		CHANE	Y 4. D.		Month 3	25				
Ā	S SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRI	ED B	DATE OF BIRTH		9 AGE (In		UNDER 1 YEAR onths Days	IF JNDER 24 HRS.			
	М	W	WIDOWED	DIVORC	ED 🔲	10.30.	1904	62	yrs.	,				
	On USUAL OCCUPATION	N (Give kind of work done		NO OF BUSINESS OR		11 BIRTHPLACE ((County & State	or foreign coun	try)	12 CHIZEN O	F WHAT			
	LABOR	, me, even is reinted;		1003147		CLEAR	SPRING	G MARY	LAND	COUNTRY	.A.			
	13 FATHER'S NAME					14. MOTHER'S M	IAIDEN NAME							
	WILLIAM CHANEY SUSAN M POWELL													
		ER IN U.S. ARMED FORCES? (If yes give wor or dates		3.24.96		FORMANT	B.BOS1	TER 34		AGERS				
	PART I. DE.	DEATH (Enter only one co ATH WAS CAUSED BY. IMMEDIATE CAUSE			onay	- oc	cluse	in_		10	IERVAL BETWEEN USET AND DEATH			
	Canditions, if ony, which gove (b) contenascleration flesh diese years													
	stoting the underlying couse (c) generalized arteria relevant													
	PART II OTHER S	SIGNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT R	ELATED TO TI	HE TERMINAL DISE	ASE COND TION	GIVEN IN PAR	T .(a)		WAS AUTOPSY PERFORMED? VES			
	OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH YMEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED (Enter nature of in	ijury in Port I c	or Part II of ite	m 18)					
	윤 Hour o	JURY Month, Doy, Year .m. 19	20d !! While of wor			F OF INJURY (Hon ry, street, affice bl		20f (City or	town)	((couty)	(Stote)			
	21. I cert	ify that (1) (this has deceased alive an_	spital) atten	ded the deceased	d fram and that	death accurr				an the da	hat (I) (we) last te stated abave			
	22o. SIGNATURI	whice.	Hant		M.D		MED. DIRECT	OR ST.	AFF C	22b. DATE SIGI	ch 67			
	22c. PHYSICIAN NAME (Typ		/	<i>V</i>		22d. ADDRE								
ľ	230 BURIAL, CREMAT	3.29.				MEMORIA	L H		FOWNW		STON MD.			
\	24. FUNERAL DIRECT	OR I DE	Low O	ADDRESS	nele	mel 01	MAR 3	egistrar 1967	25b. REGIST	RAR'S SIGNATU	RE udge			

Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOLPITAL OR ATTINUME HINSICIAN: The law requires that the Jeath certificate be executed within 24 haurs after death.



		DIVISION	OF VITAL R	RECORDS, 301 W. PREST	ON STREET, BALTIMO	RE, MARYLAND 21201					
	0427			CERTIFICAT	E OF DEATH	0427	4				
	PLACE OF DEATH				2 USUAL RESIDENCE (V	Where deceased lived, if institution Resider	ice befare admission)				
	WASHI			MARYLAND	MARYLAN	ND WASH	HINGTON				
		f autside carparate limit give nearest tawn)	\$,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)					
	HAGE	RSTOWN		70 YEARS	HAGERST	POWN	,				
	d NAME OF HOSPITA	AL OR INSTITUTION (IF no	at in haspital, s	give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?				
	733 MAI	RYLAND AVEN	IUE		733 MARI	YLAND AVENUE	YES NO X				
	NAME OF	Fi	121	Middle	Last	4. DATE Manth	Day Year				
	DECEASED (Type or print)	HA	ARRY	THOMAS	CLARK	OF MARCH	24 19 67				
\$.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years FUNDER					
	MALE	WHITE	WIDOWED	DIVORCED [JULY 12 187	74 last burthday) Months	Days Haurs Min.				
		(Give kind of work done		NO OF BUSINESS OR	11 BIRTHPLACE (County 8	& State ar fareign country) 12 CI	TIZEN OF WHAT				
ปปา	ing most of working RETIRED	MERCHANT	I.I	QUOR STORE	PHILADELPI	HIA PENNSYLVANIA "	U.S.A.				
13	FATHER'S NAME				14. MOTHER'S MAIDEN N						
	THOMAS	5 CLARI	(CECILIA	STOLER					
15	MAC DECEASED DIE	DALLIE ADMIN TORCES	177	SOCIAL SECURITY NO. 17	INFORMANT	957 WYEW STR	RET				
(1€	is, no, ar unkhawn) NO	(If yes give war ar dates i	of service) 21	4-09-9106A	MRS MYRA L N						
	IB. CAUSE OF DE	ATH (Enter only one cou			***************************************		INTERVAL BETWEEN				
	PART I. DEAT	H WAS CAUSED BY, IMMEDIATE CAUSE	(a) Cor	omry occlu	sion	6	Sudde emp Death				
	7001	DUE	TO								
	Conditions, if ony,		(b) Art	eriosclerot	ic heart d	isease	Indefinite				
	rise to immediate stating the under		TO								
	last.	· img toos	(c)								
ż	PART II. OTHER SIG	SNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?				
ATIOI							YES NO X				
MEDICAL CERTIFICATION	20a ACCIDENT WAS		20b DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in F	Part Far Part II of Item 18)					
E	OR CONTRIBUTING (IF EITHER, NOTIFY)	LLI CAUSE OF DEATH MEDICAL EXAMINER)									
CAL	20c TIME OF INJU	IRY Manth, Day, Year	1		ACE OF INJURY (Hame, form		iunty) (State)				
ME	Hauria.n	10	While at war		ctory, street, office bldg., etc.)						
	21. I certil	y that (1) (XhXsXhQ)		ded the deceased from	Dec. 13	9 63 to March 24 19	67 that (1) (XXX) last				
		ceased alive on _	Tarch	23 19 67, and the	at death accurred at	M, from causes and an t	he date stated above.				
	22a. SIGNATURE	M	1/	'O	ATTENDING -	MED STAFF 226 D	ATE SIGNED				
		1114	the	N M	LD PHYS KX	DIRECTOR PHYS. 3/2	25/67				
	22c. PHYSICIAN'S NAME (Type)	B.B. KI	NEISLEY	м.р.	22d ADDRESS	327711 300 AL 100 AL 100 A	normi ND				
	<u> </u>					SHINGTON ST, HAGERST	OWN MD.				
230	BURIAL, CREMATIC REMOVAL (Specify)			23c NAME OF CEMETERY OF		23d LOCATION (City or Town)	(Caunty) (State)				
	BURTAL	3/27	67	ROSE HILL C	EMETERY	HAGERSTOWN WASH	HINGTON MD				

ADDRESS

250. REC D BY REGISTRAR
MAR 28 1967

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending playsicion and completely-filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

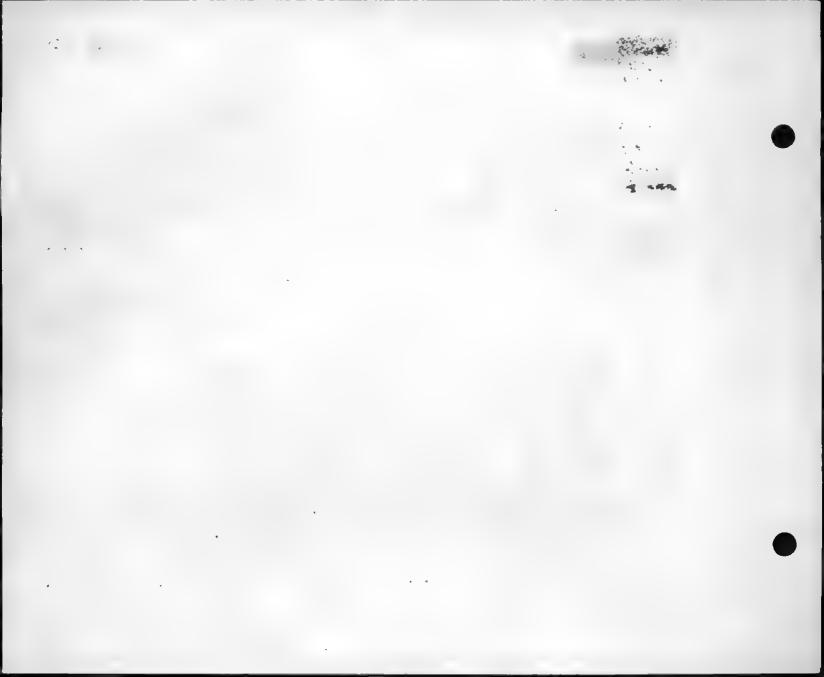
, c

24. FUNERAL DIRECTOR

CHARLES M ROUZER HAGERSTOWN

K

VR A15 (4) 25M 1/67



15M 10/57

MARYLAND	STATE DEPARTM	IENT OF HEALTH	I—BALTIMOI	RE, 18		
	CERTIFICA	ATE OF DEATH	1	Reg. Dis	· @427	5
hington	MARYLAND	2. USUAL RESIDENCE (WI			e before admissi k lin	an}
arporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside carparote limits,	write RURAL and g	ive nearest fawn)	· ·
		Waynesbo	oro		1.	
n haspitol, give street Convalesco		d. STREET ADDRESS 45 N. Po	otomac St.			DENCE FARM? NO
fici thalinda	Middle	Creager	4. DATE OF DEATH	March March	1.0	eor 967
R OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In	years IF UNDER I	YEAR IF UNDE	
te widow		June 12, 187		yrs.	Doys Hours	Min
nd af wark dane 10b en if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote Washington		1	ZEN OF WHAT	COUNTRY
ager		14. MOTHER'S MAIDEN N	itzmiller	!		
ARMED FORCES? 16	SOCIAL SECURITY NO. 17	INFORMANT		Address		Pa.
r or dates of service)	A.	Pauline Ston	er, 304 S.	Church S	t., Way	nesbo
anly one cause per l	ine far (a), (b), and (c).}				INTERVAL BET	WEEN
USED BY: E CAUSE (o) CC	ongestive far	ilure and p	neumonia		Sev.	
DUE TO						
(b) (a)	cterosclerot	ic heart di	sease		year	S
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITI	ON GIVEN IN PART	PERFO	UTOPSY RMED? NO-€
OF DEATH XAMINER) 206 DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II af item	18.)		
While	T.	ACE OF INJURY (Home, farm clary, street, affice bldg., etc		(C	ounty)	(State)
Count V	sed from July and that death which we will be seen to b	accurred at 8:25.		uses and an the rown, state)	e date state	
13/1967	Green H111	_	226 LOCATION (City,		(State	,
RE ~	ADDRESS		Waynes D By REGISTRAR 24	DOFO REGISTRAR'S SIG	Penna	•
POE		EJAD T	4 1967	Cliantes (udge.	
\ _ C	Waynesboro. Pe	nna. Jukit -	- 1001	- V	1	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04274 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Washington Lashington Naryland ve carban papers. Pages I event, within 72 haurs after MARYLAND c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 1b write RURAL and give negrest tawn) Rural Boonsboro Hagerstown 2 Weeks d STREET ADDRESS 8 IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital Rfd. 1 YES NO 3 NAME OF Middle Last 4. DATE remave carban First Manth DECEASED Katherine March 23. 6 Iona Creager 19 (Type or pant) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years TELNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** last birthday) 9, 1922 and in any White WIDOWED DIVORCED Cct. Female 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a COUNTRY? during most of working life, even if retired)

Nousewife INDUSTRY Cwn Home San Mar, Wash. Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, Cora M. Harrison Perry C. Green 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, ng, ar unknown) (If yes give war or dotes of service) Mr. Charles W. Creager, Boonsboro Rfd.1, Md 219-12-1127 NO. 18. CAUSE OF DEATH (Enter only one cause partine for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE-TO burial Conditions, if any, which gave rise to immediate cause (a). DHE TO stating the underlying cause prior ta l WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur 'a.m. Nat While factory, street, office bldg., etc.) at work at wark 1967, to Musch = 3, 1967, that (t) (we) last 21 | certify that (1) (this haspital) attended the deceased from +c/-/saw the deceased alive on 3-2 2 19 67 and that death occurred at 4/05 At, from causes and on the date stated above 22a SIGNATURE 22b DATE SIGNED ATTENDING M.D. 22C PHYSICIAN'S 22d. ADDRESS UWKSYOW NAME (Type) NOVE NOTEIN

NAME OF CEMETERY OR CREMATORY

John H. Bast, Jr. 112 N. Mein St. Boonsboro, Md.

Myersville EUB. Cemeteri

23d. LOCATION (City or Fawn)

250. REC'D BY REGISTRAR DATE MAR 28

Lyersvilee.

(County)

(State)

FUNERAL DIRECTOR: VR A15 (4) 25M 1/67

23a. BUR AL, CREMATION, REMOVAL (Specify) EUT 18 1

24 FUNERAL DIRECTOR

OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs aft

signed

has been

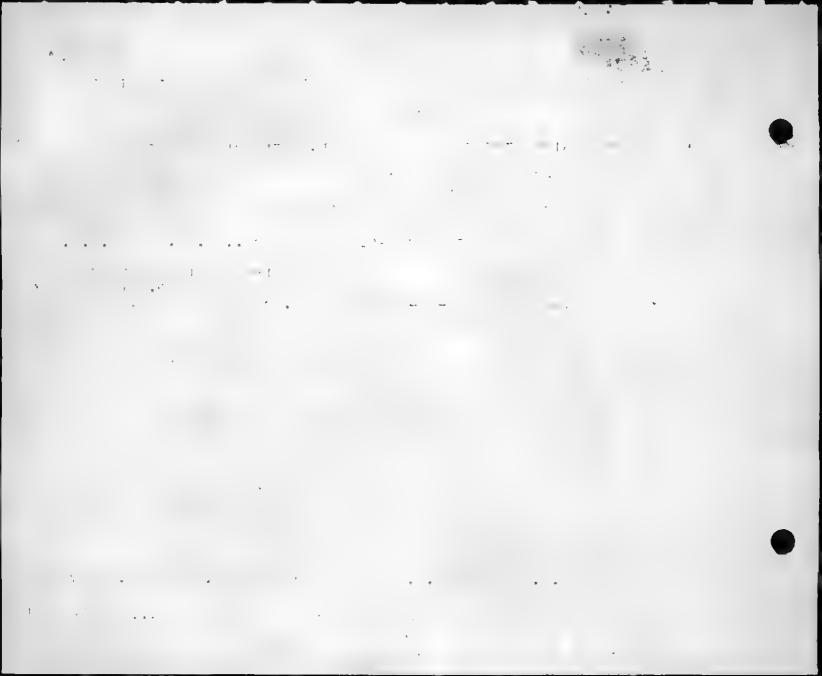
certificate

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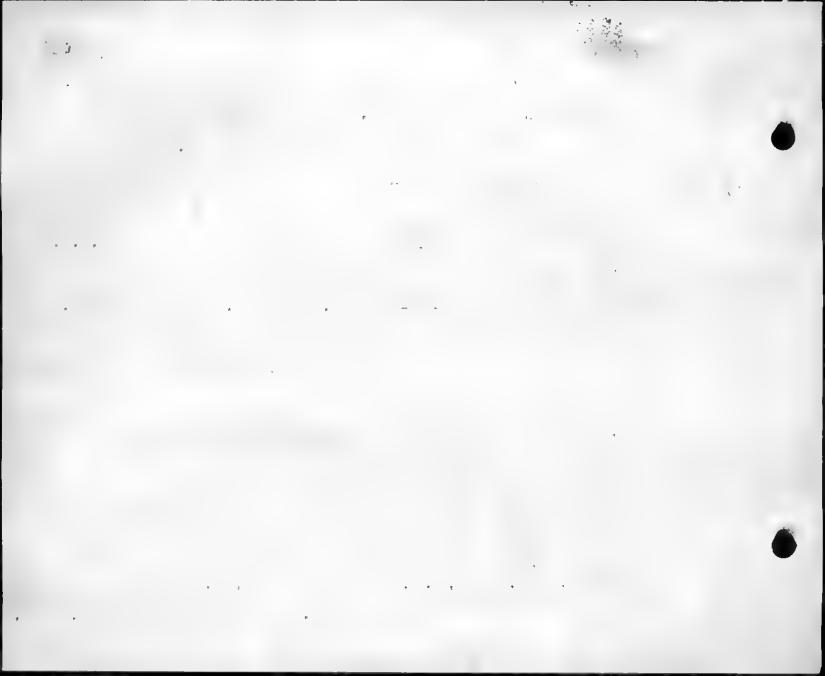
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04276	CERTIFICATE	OF DEATH		04278		
		PLACE OF DEATH O. COUNTY WASHINGTON	√ MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARY)	deceosed lived, if institution b COUNTY	Residence before admission) WASHINGTON		
	ì	b. CITY OR TOWN (If outside corporate limit write RELIA (14.1793 TOWN))	c. LENGTH OF STAY IN 16	CITY OR TOWN (If outside HAGERS!	corporate limits, write RURAL of	and give nearest town)		
î		d. NAME OF HOSPITAL OR INSTITUTION (IF TO WASHINGTON COU	INTY HOSPITAL	d. STREET ADDRESS 200B HAYES	S AVE.	e IS RESIDENCE ON A FARM2 YES NO		
		NAME OF DECEASED (Type or print) SARAH	Middle ELIZABETH	CIICTER	DATE Month OF MARCH	23 Yeor 23 19 67		
1	5 5	FEMALE WHITE	7. MARRIED X NEVER MARRIED	6/20/189 ¹	4 72 birthday) Me	UNDER 1 YEAR IF UNDER 24 HRS. On this Doys Hours Min.		
		USUAL OCCUPATION (Give kind of work done on most of work done	e 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stol VIRGINIA	te, or foreign country)	12 CITIZEN OF WHAT		
	13.	FATHER'S NAME MORGAN PRICE	EEDEN					
	IS. (Ye	was Deceased EVER IN L. S. ARMED FORCES? (If yes give wor or dotes	of convice)	nformant R. JOSEPH W	AMAG . CUSTER	erstown MD.		
		18 CAUSE OF DEATH (Enter only one con PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	iuse per line for (a), (b), and (c).) E (a) Bullyrel Z	Jaseuler	quident	INTERVAL BETWEEN ONSET AND DIATH		
		Conditions, if any, which gove }	(b) Carcharal (Erlenosel		Indepent		
		nse to immediate couse (a), stating the underlying couse last.	E TO (c)					
× .	ATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	OR BULLS	19 WAS AUTOPSY PERFORMED? YES NO		
	CERTIFICATION	200 ACCIDENT WAS JINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I	or Port 11 of item 18)			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. 19 p.m. 19	While - Not While - foct	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City ar town)	(County) (State)		
		21. I certify that (I) (this has saw the deceased alive an_	spital) attended the deceased fram1967, and that	1-26,194 t death accurred at 1:	9, ta Octil	, 19, that (I) (we) las		
		220. SIGNATURE	t. 7. Coodle_MI		STAFF C	22b. Date signed 3–24–67		
,			Keadle, M. D.	22d ADDRESS Hagerstown,				
1			27/67 ROSE HILL	CEM.	AGERSTOWN	(County) (Stote) WASH • MD •		
)	24	FUNERAL DIRECTOR	Hase silver	MAR 2		RAR SIGNATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Poge 4 moy be retained by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagehould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in adv event, within 72 hours



P.M.3. Page 2, and 3 ta de ay is with the Stote Departmentio the funeral director Page 4 should be forwarded to the Chief Medica Examiner's Office along with farm in pencl in Item 18. Give Pages 1, This certificate should be executed within 24 hours after death 11 pages land Heolth or its designated ogent, prior to burial, cremation, or removal, and in any ex FIE TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit "pending" necessary, please execute the certificate, writing the word CAL EXAMINER: 5 may be retained far your files.

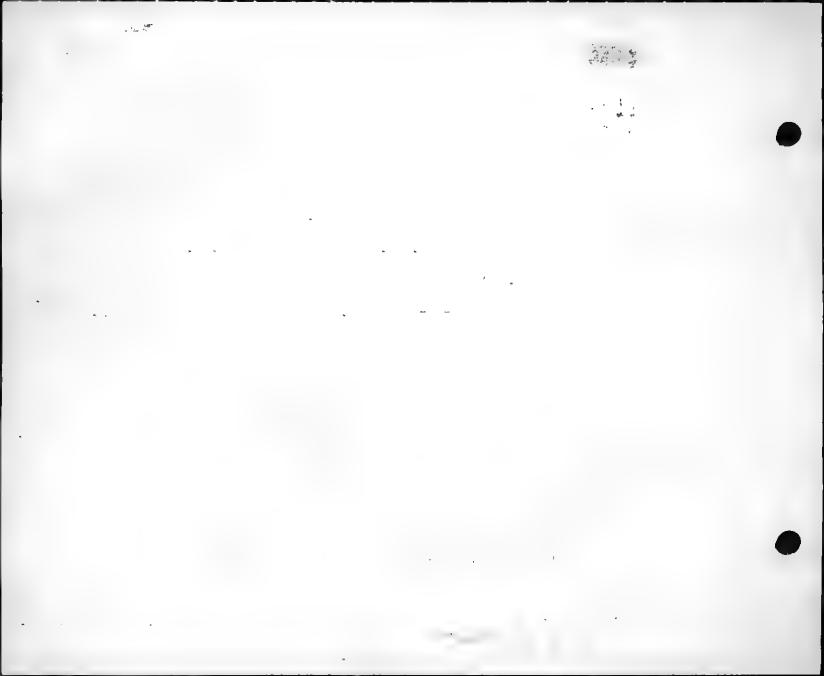
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04277	MED	ICAL EXAMINER'S	CERTIFICATE O	F DEATH	n4	279
1 PLACE OF DEATH G. COUNTY	Washington	MARY_AND	o STATE	Where deceosed lived, if in b.	COUNTY	e before odmission)
b CITY OR TOWN (If outs write RURAL and give		c LENGTH OF STAY IN 16	c CTY OR TOWN (if ou	itside carparate mits, writ	e RURAL ond give	neorest town)
	Hagerstown	Life	Hag	erstown	,10	2.1
	INSTITUTION (If not in hospital, g	rve street oddress)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	tomewood Road		171	9 Homewood 1	Road	YES NO
3. NAME OF DECEASED (Type of print)	William	Grancis.	Davis	4 DATE OF DEATH Man	Month tch	Doy Year 25 19 67
	OLOR OR RACE 7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In year lost birthdo		YEAR IF UNDER 24 H
	thite WIDOWED	DIVORCED	Dec. 31,1904	4 62	yrs	
100 USUAL OCCUPATION (Give during most processing life, ev	kind of work done 10b K. en if retired) 1N	ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (State		12 CITI	ZEN OF WHAT
Sheet Me	ital Dus	t Col. Mfg.		on Co.Md.	USA	4
13. FATHER S NAME	01 00 .		14. MOTHER'S MAIDEN			
IC WAY BEST VER TWO DAYS	John R. Davis	TAC 4 CECULO TY NO. 17	INFORMANT	sie Huffer	E 31	
TS WAS DECEASED EVER IN U (Yes, no, or unknown) (If yes	dive war or dates of service)		Goldie Dav		Address	Md.
18 CALISE OF DEATH (Enter only one couse per line for		- 90 core sur	1717 NUI	ewood_\c	INTERVAL BETWEEN
PART 1. DEATH WA	C C AL CED DV	ronary occlu	ısion			ONSELAND DEATH
4201	DUE TO			· · · · · ·		
Conditions fany which		hrosclerotic	coronary	artery di	isease	years
rise to immediate caus	Se (O), L DUE TO					
last.	(c)					
PART 11 OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	ID TION GIVEN IN PART 1	0)	19 WAS AUTOPSY PERFORMED? YES NO
200 EXTERNAL CAUSE W PRIMARY OF OCONTRIBL CAUSE OF DEATH 20c. TIME OF INJURY M Hour o.m.		SCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Part II of Hem 18	3)	
20c. TIME OF INJURY M Hour o.m. p.m.	While		ICE OF INJURY (Home, form tory, street, office bldg , etc.)		n) (Cour	nty) (Stote)
	t I took charge of the rem		eld on Autopsy .	Inspection K	Inquiry	ond in my opin
	om _Natural causes K		cide , Hamicide		d manner	
ACTUAL SIGNATURE	Hourd WI	20/E/III	CHIEF MEDICAL	EXAMINER		3/28/67 22. DATE SIGNI
CM 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ard N. Weeks	, M.D.	DEDUTY MEDICA	AL EXAMINER 2 58 r, city, town, or county H &	30 Nort	hern Ave wn, Md.
230 BJRIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF	23c. NAME OF CEMETERY OR Rest Hoven	CREMATORY	23d. LOCATION (City	or Town) (County) (State)
24 FUNERAL DIRECTOR	16 G Hara	ADDRESS		Hagerstou By REGISTRAR 2SI		
Rost House &	humanal Chanal	Hanne town Ma	PAMAF	3 0 1967	Peliares	y more.

VR A15ME (5) 6M 1/66

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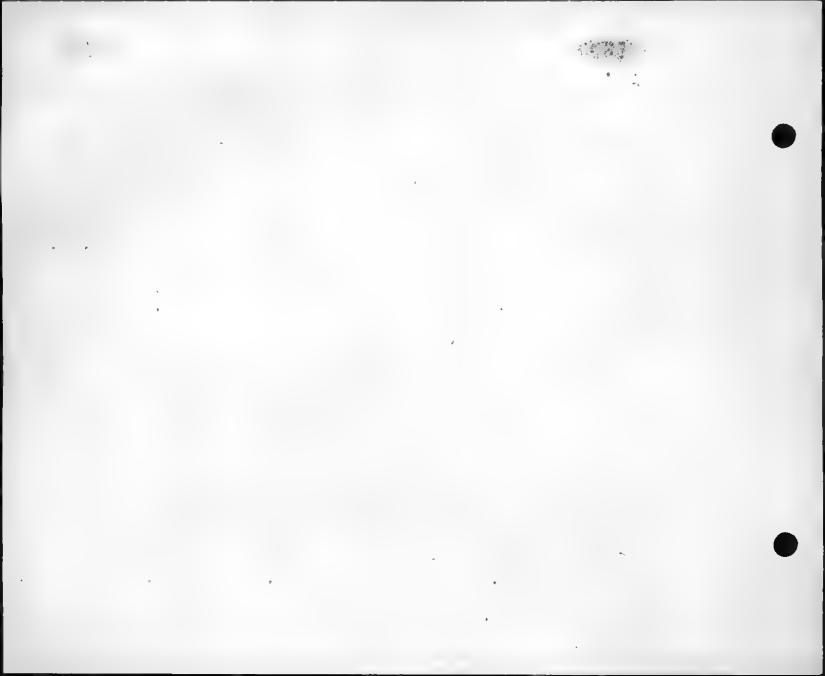


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IVISION OF VITAL RECORDS,	301 W. PRESTON STREET,	BALTIMORE, MARYLAND 21201			

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t the death certificate be executed within 24 haurs ofter death.		16 Q	t pe	10110	
The law mauires that	ć	# \c	gus	rem	
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VR A15 (4) 25M 1/67

0427	8		CERTIFICATE	OF DEA	TH			04	123	0	
PLACE OF DEATH o COUNTY	WASHINGT	ON	MARYLAND	2. USUAL RESID a. STATE		Where dece	ased lived, if institu b COU	NITV		e admissio NGTO	
b. CITY OR TOWN (If autside corporate limits, c LENGTH DF STAY IN 1b write RIPAL and sive deacest town) 45 YRS.				c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) HAGERSTOWN							
	TAL OR INSTITUTION (IF IN			d STREET ADDR		ANNO	N AVENUE			ON A F	
3 NAME OF DECEASED (Type or print)	ALFRE	rst DO	Middle N.M.N.	De FELIC	3	4 DATE OF DEATI	MARCH	ith	Day 9	Ye 19	^{ar} 67
S SEX MALE	6. COLOR OR RACE WHITE		NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH JUNE 29			9 AGE (in years last birthday) 67 yrs	Manths Manths	I YEAR Days	IF JNDEI Hours	R 24 HRS. Mire
ODG USJAL OCCUPATION during most of working TURBINE 13. FATHER'S NAME	TENDER	CEM	NO OF BUSINESS OR DUSTRY IENT PLANT	14. MOTHER'S N	ALY MAIDEN I		areign country)		U.S		
IS WAS DECEASED EV (Yes, no. ar unknawn)	JOSEPH TER IN U.S. ARMED FORCES? (If yes give wor or dates of	of conviron	OCIAL SECURITY NO 17	GIUANI INFORMANT RS. EVA I			335 S.			E.	
PART I. DEA	DEATH (Enter anty one cou ATH WAS CAUSED 8Y: IMMEDIATE CAUSE	121	(a), (b), and (c).)	wow	tiz	>				RVAL BET	
Conditions, if on ise to immedia stating the under last.	te cause (o), ((b) /	Lupthere	d ga	le	B	Rodd	ev	30	day	
PART II OTHER S	GIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISE	ASE CON	IDITION GIV	/EN IN PART 1(a)			WAS AUTO PERFORM ES	
☐ OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	SCRIBE HOW INJURY OCCURRED	(Enter nature of in	ulack iu i	Pert I or Po	ort II of item 18)				
20c Time OF IN	URY Month, Day, Year m. 19	20d. IN While at work	Nat While fact	CE OF INJURY (Har ary, street, affice bl			(City or town)	(Ca	iunty)		(State)
saw the d	leceased alive an		led the deceased fram, and tha	2/12 t death accurr		962- 7:50P	ta <u>3/9/</u> M, fram causes	and an i	he date		we) las abave
	uuche L	For	May MI			MED DIRECTOR	STAFF PHYS.	22b. [THE SIGN	0/6	7
22c PHYSICIAN : NAME (Type) LAWRENCE			22d ADDRE 145	M. M		NGTON ST.	***			
230 BURIAL CREMATI BURTAL (Specif	y) MARCH	13,1967		EMETERY		HAG	OCATION (City or To SERSTOWN,	MAR	(County YLAN	D	itate)
24. FUNERAL DIRECT	OR PATTITIES	TARED 6	ADDRESS POGINI MADVI ANT			BY REGIST		EGISTRAR'S		it a	



)

CERTIFICATE OF DEATH

04281

	0 3 4					
1.	PLACE OF DEATH G COUNTY			2. USUAL RESIDENCE (WI	here deceased lived, if instituti b. COUN	ion: Residence befare admission)
L		Vashington	MARYLAND	M	d.	wash.
	write RURAL and	f autside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16		ade carparate limits, write RUF	RAL and give nearest town)
	Hagers'	cown	2 hours	Hagerst	own	O / /
		AL OR INSTITUTION (If not in haspital,		d STREET ADDRESS	fferson Blv	e IS RESIDENCE ON A FARM?
1	NAME OF	gton County Ho	SPICAL Middle		4 DATE Mont	113 [] 110 []
3.	DECEASED (Type or print)	John First	Calvin	Deibert	0.5	larch 18, 19 67
S.	SEX	6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years ligst birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	male	white WIDOWED		April 13,1	901 65 yrs.	
1Do dur	s JSUAL OCCUPATION ring most of working if iremail		ind of Business or ndustry rniture Mfg.	11. BIRTHPLACE (County & Cavetow		12. CITIZEN OF WHAT COUNTRY?
_	FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	1	Hezekiah W. De	ibert		Mary Ann	Burger
15	. WAS DECEASED EVE	(If you also your or dayor of consists)		INFORMANT	Addre	955
	no	(If yes give war at dates of service) 2	14-09-7287	Hazel Ector	n, Hagersto	wn, Md.
	PART I. DEAT	ATH (Enter only one couse per line for H WAS CAUSED BY: IMMEDIATE CAUSE (o)	(a), (b), and (c).) Myorar	lial Inf	arction	INTERVAL BETWEEN ONSET AND DEATH
	4 < 1 Canditians, if any,		arteriosel	water h	earl dis	are
	rise to immediat stating the under last.					
N	PART II. OTHER SI	SNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?
\£	Me	eleunsiun	Essente	al		YES NO 2
MEDICAL CERTIFICATION		ANDERLYING 205. DI II CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Pa	it I ar Part II of item 1B.)	
MEDICAL	Haur a.n	White	Nat While for	CE OF INJURY (Hame, farm, ory, street, affice bldg, etc.)	20f. (City or town)	(County) (State)
	21 Learti	y that (I) (this haspital) atten		Ochelor 1 1 19	59 to 10	19, that (I) (we) las
		eceased alive an 3 -/8	1967, and the	t death accurred at		and an the date stated above
	220. SIGNATURE	Potent 7	Kandee.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 3-2067
	22c. PHYSICIAN'S NAME (Type)	Robert F. Keadl	e, M. D.	22d. ADDRESS Hagerst		10
230	BURIAL, CREMATIC		23c. NAME OF CEMETERY OR Cavetown		23d LOCATION (City or Tox Cavetown,	, , , , , , , ,
24	4. FUNERAL DIRECTO		, Hagerstown	, Md. 250. RECD.	RY REGISTRAR 95 25b. R	

IN NOSPITAL DR ATTENDING FILVSICIAN: The law requires that the death certificate be executed within 24 heurs ofter death TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician, and completely filled in by the director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove corbon papers. Page should be fil∎d with the State Dept. of Health prior to burial, cremation, or removal, and Premy givent, within 72 hours af Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 20 M 1/66



Sept.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04282

	U\$28U	CERTIFICATE	OF DEATH		OXAGA
	PLACE OF DEATH O. COUNTY Washington	MARYLAND	O. STATE FORM	6 COUN	Frank lu
	b CITY OR TOWN (If outside corporate limits, white ReRAL and give nearest town)	3 Days	c. CITY OR TOWN (If outside	corporate limits, write RUR	Al ond give neorest town)
2	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Detack Mem. Conv.	give street oddress)	d. street address	Balto, St	e IS RESIDENCE ON A FARM? YES NO X
	NAME OF DECEASED (Type or print) MARTHA	F. Middle DET	RICH 4.	DATE Month DEATH 3	19/1967 19
	SEX 6. COLOR OR RACE 7 MARRIED WIDOWED	DIVORCED 🗆	7/5/1868	9. AGE (In years lost birthday) 98 yrs	Months Days Hours Min.
dor	ind most of working life leven if retired [IND OF BUSINESS OR NDUSTRI	TOWK UM	re, or foreign country)	12 CITIZEN OF WHAT
13.	900.700	igen	14. MOTHER'S MAIDEN NAME E/Za De	1 1	1K
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (If yes give wor or dates of service)	SOCIAL SECURITY NO.	ary E. VI	etrich ->	Greencasto, Pa
	18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Cert	r (o), (b), ond (d).) rebral Arterios	clerosis	Se	INTERVAL BETWEEN ONSET AND DEATH VEARS
	Conditions, if ony, which gove rse to immediate couse (a), stating the underlying couse (c)	eriosclerotic	Cardio Vascul	ar Disease.	
CATHON	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE YERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED		or Port II of Item 18.)	4
MEDICA	Hour o.m. While	NJURY OCCURRED 20e, PLAC Not While focts	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or fown)	(County) (State)
C C	21 I certify that (I) (this haspital) attensaw the deceased alive on 3-19-			57 , ta 3_19_ (90M, from causes a	, 1967 , that (I) (we) las ind an the date stated above
	220. SIGNATURE	the MO	11112	CTOR PHYS.	22b. DATE SIGNED 3-20-57
L	22c PHYSICIAN'S NAME (Type) Dr. E. W. Ditte	Jr. 215 W.	Washington S	t., Hagerston	wn. Md.
230	BURIA (REMOVAL) Specify) 23b. DATE THEREOF 3	236 NAME OF CEMETERY OR	REMATORY	23d TOCATION (City or TOW FLOCOTO	1 1/2 11 1 1 1 1

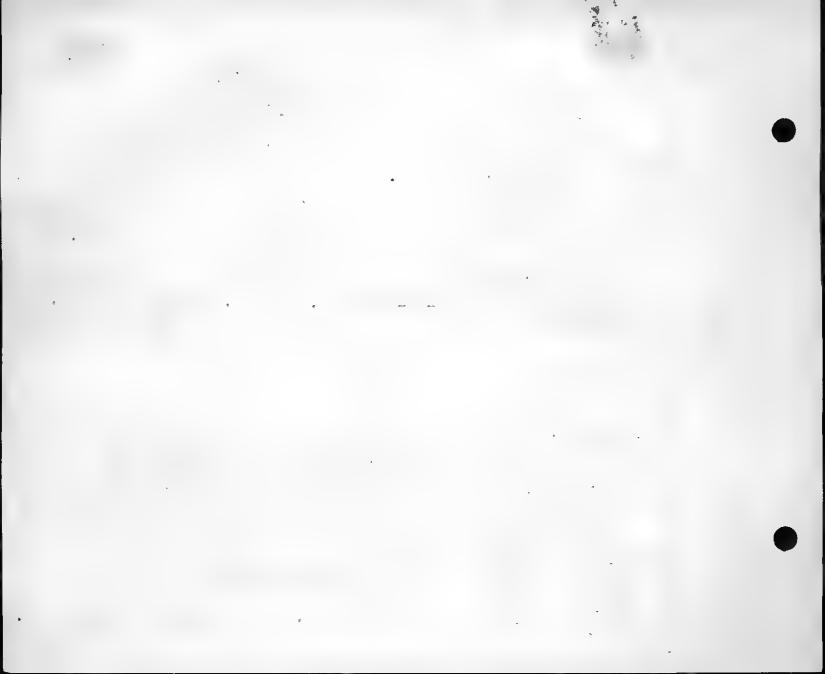
ro Hospital or attending Physician: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physicion. Page 4 may be refained by the hospital or aftending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove-corbon papers. Pages of the shauld be tiled with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours off transplants. VR A15 (4) 25M 1/67

S Section Sect

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04282 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND WASHINGTON WASHINGTON MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 65 YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 1707 OAK HILL AVENUE YES NO F NAME OF Middle First Lost DATE DECEASED JOHN CART DITMER MARCH 67 (Type or print) DEATH 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) MALE WHITE DEC. 13.1891 WIDOWED XIX DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? CUMBERLAND CO. PENNA. AIRCRAFT 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EDWARD DITMER EMMA KUNKLE 16. SOCIAL SECURITY NO 17. INFORMANT HAGERSHOWN MARYLAND IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) (If yes give wor or dates of service) 214-09-7381A MRS. WILMER MOSS 1707 OAK HILL AVE. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Carcinome -IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO storing the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (Eity or town) (County) (Stote) Hour am. factory, street, office bldg., etc.) of work the deceased fram Feb-, 1951, to Mer 10, 1967, that (1) (we) last 1967, and that death accurred at 6 P M, fram causes and an the date stated above. 21. I certify that (I) (thus hospital) attended the deceased from February saw the deceased alive an Mer- 10 220 SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR 22d. ADDRESS NAME (Type) M.D. 214 N. POTOMAC STREET HAG., MARYLAND LLOYD 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) MARCH 13.1967 HAGERSTOWN ROSE HILL CEMETERY

TO FUNERAL DIRECTOR: After director, page 3 shauld should be filed with the VR A15 (4) 25M 1/67

papers. Poges 1 hin 72 havrs after

sician and completely fit please remove carbon f , and in ony event, with

buriol, cremation, or removal,

of Health priar to

attending present. The

signed by

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certificote

or attending physicion.

be retained by the haspital

S SEX

lost.

CERTIFICATION

MEDICAL

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filled

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af

24. FUNERAL DIRECTOR ADDRESS CHARLES M. ROUZER HAGERSTOWN. MARYLAND

2So. REC'D BY REGISTRAR MAR 15

MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	04283	,		CERTIFIC	ATE	OF DEAT	TH		042	85
	PLACE OF DEATH				Ī		DENCE (V	There deceased lived, if institu		e before admission)
	a. COUNTY る。	ASHINGTON		MARYLA	.ND	a. STATE MARY	LANI	b. (OL	WASI	HINGTON
	b. CITY OR TOWN (I	f autside carporate limits,		£ 1ENGTH OF STAY IN	lb	c. CITY OR TOW	N (If out	tside carparate limits, write Rl	JRAL and give	nearest tawn)
	HAGERS'	l give nearest tawn) POLAN		LIFE		HAGER	STOV	٧N		21-1
		AL OR INSTITUTION (If not in	haspital, g	ive street address)		d. STREET ADDR	RESS			e IS RESIDENCE ON A FARM?
Ta	VASHINGTO	N COUNTY HOS	PITAL			61	NORT	TH AVENUE		YES NO A
3	NAME OF	First		Middle		Last		4. DATE Mar	1†h	Day Year
	DECEASED (Type or print)	MAR	Y	GRACE		DOWNI	N	OF MARC	H	20 19 67
_	SEX		MARRIED	NEVER MARRIED		DATE OF BIRTH		9 AGE (In years	IF UNDER 1	
F	TEMALE	WHITE	WIDOWED	DIVORCED		SEPT. 9	187	79 last buthday) 87 yrs.	Manths	Days Haurs Min
10a	JSUAL OCCUPATION	(Give kind at wark dane	10b KI	ND OF BUSINESS OR		11 BIRTHPLACE	(Caunty 8	& State, ar fareign country)		IZEN OF WHAT
dur. R.F	ing mast of warking ETTRED T	Iffe, even if refired) EACHER	E	DUCATION		WASHI	ENGT	ON, MARYLAND	(00	U.S.A.
	FATHER'S NAME	M44 W440071				14. MOTHER'S N				
	C	GEORGE BOR	YER			P	IARG	ARET GARMAN		
15.	. WAS DECEASED EVE	R IN J.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. [NFORMANT		Add	ress	
{Y+	es, no, or unknown) NO	(If yes give wor ar dates of se	ervice)	ONE	MAI	RGARET E	GA.	INES LAGUNA H	ILLS C	ALIF.
F		ATH (Enter anly one cause								INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (a)		rebral	Th	romb	06	14		ONSET AND DEATH
	4,01	DUE TO						9		
(Conditions, if any, which gave) by Myocardial Infanction								16 gsAr		
	rise to immediat stating the under	e cause (a), (Due To								
	kast.	(c)	A	rteriosc	ler	0515 -	- To	2 m		Yrs.
_	PART II OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING 1	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISE	EASE CON	DITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
										YES NO
CERTIFICATION	20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCCI	JRRED. (Enter nature of in	njury in I	Part I ar Part II af item 18)		
		CAUSE OF DEATH MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year				E OF INJURY (Hai			(Car	inty) (State)
Æ	Haur a.r	10	While at worl		facto	ary, street, office b	ldg., etc)			
		fy that (I) (th is hosp et		ded the deceased fr	am 🗔	V/J		939 to Mar -		
	saw the de	eceased alive on Ma	y- 2 C	19 <u>67</u> , an	d that	death accum	red at/	11:45 A M, fram causes	and an th	ie date stated abave
	22a. SIGNATURE	1		11		ATTENDING		MED. STAFF	22b. DA	ATE SIGNED
	Co	W a. 1	Low	- men	M.D	PHYS		DIRECTOR L PHYS L		21/67
	22c. PHYSICIAN'S NAME (Type	TTOWN I	OFFM	N M.D.		22d ADDRE 214 N		TOMAC ST. HAG	TER STOR	N MARYLAND
_		THOTP A 1								
23	 BJRIAL, CREMATIC REMOYAL!Specify 	ON, 236. DATE THERE		23c NAME OF CEMETE				23d. LOCATION (City or T		(Caunty) (State) SHINGTON MD.
	REMOYAL (Specify BURIAL)			ROSE HILL	CEL		DEC'D	HAGERSTOWN BY REGISTRAR 256 F	REGISTRAR S SI	
	4 FUNERAL DIRECTO		A CET DOM	ADDRESS OWN MARYLAI	AID			0.00		Judge.
	CHARLES N	I WOODEN IN	TODING	OWN THAT I LAN	AT.	1	MAR	28 1967 1	-Carrello	75-75

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral, director, page 3 should be detached for use as the burial-transit purmit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. TO NUTRITAL OR NITENDING FMYEICLAN The law requires that the death certificate be emecuted within 24 hours after Page 4 m≡y be retained by the hospital or attending prysician.

MARYLAN
DIVISION OF STATISTICAL RESEARCH
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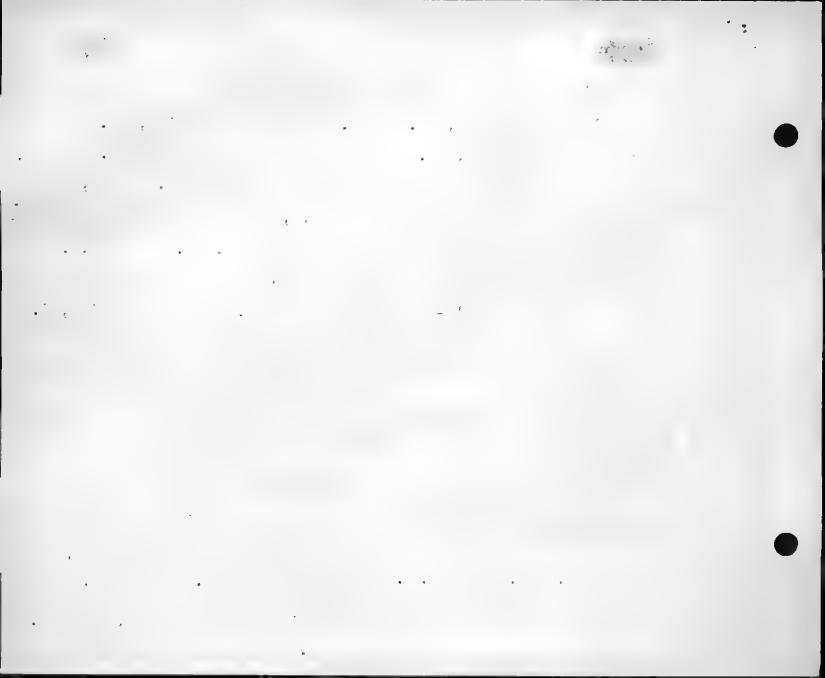
MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET.

AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, M	ARYLAN
ERT	IFICATE	OF	DEATH		BALTIMORE	104	286

							_			- No. 14		4	
1.	PLACE OF DEAT a. COUNTY Washi	H		TT-		2. USUAL RESIDENCE		, b	COUNT	Υ		fore ade	nission)
_			la limite	Hage ng		Viarylar c. City on Town (If		- M	asn	ingt	con	2021001	town
	write RURAL Hagers	/N (if outside corporal and give nearest tow	u)	5 Weeks		· ·					stin Rive t	iearest	(UWII)
-		SPITAL OR INSTITUTION	N (if not in h			RFD2, S	mit	nourg	Md.	, Y 161		S RESI	DENCE
		gton Co.			oudi (33)	a. orkeer Appress					C	N A FA	RM?
3.	NAME DF		rst	Middle		Last) 4. Di	ATE	Month		PES	Year	10)
	DECEASED (Type or print)	Agnes	_	/irginia		Draper	I DE			29	Duj	19 (
5.	SEX	6. COLOR OR RACE		NEVER MARRII	P I	. DATE OF BIRTH		10 ACF (In	venre !!!	FUNDER		UNDER	24 HRS.
) I	Female	White	WIDOWED			March 6.19	05	last birt	yrs.	Months	Days F	ours	Min.
		ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS O	R	11. BIRTHPLACE (C				12. CI	TIZEN OF UNTRY?	WHAT	
	House	wife	" '	NOOSIKI		Washingt	on	Mary	าไลท		T S 4	1	
13.	. FATHER'S NAM	E				14. MOTHER'S MAID	EN NAM		and the State of Stat				
	Jo]	on Ira Gr	ove			Anna	Bar	bara F	lenn	er_			
15 (Ye	i. WAS DECEASED es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. f service)	SOCIAL SECURITY N	0. 17.	INFORMANT			Address				
	No			lone	J _E	mes T. Dr	ape	r Sr.	RFD	2, 5	mi th	ıbu:	rg.
		DEATH [Enter only on EATH WAS CAUSED BY				15					INTERV/ ONSET	AL BETT	WEEN EATH utes
	e e	IMMEDIATE CAUSE	(a) Pul	monary En	nbolus	s, Massive					10	mın	utes
	21/	DUE .	10 Thron	mbosis of	Femo	ral and ilia	ve.	ins			2 d	ays	2
	Conditions, If gave rise to	immediate ((0)										
	cause (a), s underlying caus		(c) Intra	acranial he	morr	hage (intrac	ereb	ral) wi	th h	emip	legia	5	wee]
NOI				JTING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL D	DISEASE	CONDITION GI	VEN IN P	ART 1(a)	19. W	AS AUT	OPSY
ICAT	Hyperte	nsion, Diabe	etes M	ellitus							YES	REORN	IO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI	ZDb. TH NER)	DESCRIBE HOW INJU	IRY OCCU	RRED. (Enter nature of	i injury i	In Part I or Pa	rt iI of	Item 18.)		
EDICAL		INJURY Month, Day,	Year 20d. 1	NJURY OCCURRED	2De, PLAC	E OF INJURY (Home, fa	rm, 20	of. (City or to	wn)	(Cou	nty)	(St	ate)
MED	Hour a.i		While at worl	Not While	ractor	y, street, office bldg., e	16.)						
	21. I certif	y that (1) (this hosp	ital) attend	ed the deceased t	rom_F	eb 26, ₁	9 67	to Marc	h 29	, 19 6	7, that	(I) (W	e) last
Н	saw the de	ceased alive on	March	29 19 67	and that	eb 26 , 10 death occurred at 10	$0:05_{M}$	Hom the c	auses at	nd on th	e date s	tated :	above.
	22a. SIGNATU	0 () /	_			ATTENDING -	MED.	R STAFF			TE SIGNE	_	
Ш	22¢. PHYSICIA	Wis GOBE	ورس مد	<u> </u>	M.D.	PHYS. Z	DIRECTO	R PHYS.		Mar	ch 30	, 1:	0/
	NAME (T		obert	Cohen, M.I	D.	Clear S	pring	g, Mary	land	2172	22		
23a	BURIAL, CREN	IATION, 23b. DATE I	HEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d.	LOCATION (city, tow	n or cou	nty)	(Sta	te)
	Buria	April April	1.67	St. Par			03	ear Sr	าวร์าร	10° 1	form.	100	a
24	FUNERAL DIRI	CTOR C	77	ADDRESS		25a. REC		EGISTRAR 2	b. REG	HETRAR'S	STONATE	RELL	CI.
[]	Ima	10/0/	romb	Con Clear	r Sp:	ring, MAR	5	1967	goly	mes	Jud	C.	

VR AI5 (4) 20M 1/65

Brand St.



L	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET,	BALTIMORE 1, MARY	AND
	04286 CERTIFICATE	OF DEATH	0428	38
1,	PLACE OF DEATH	2. USUAL RESIDENCE (Where de		once before admission
-	b, CITY OR TOWN (if outside corporate limits,	a. STATE C. CHTY OR TOWN (If outside corp	b. COUNTY	K(I w
1	write RURAL and give nearest town) WY3	d. STREET ADDRESS	Chambersburg	e. IS RESIDENCE
3	NAME OF AVO JON Models	Last 4, DATE	Month Da	YES NO Y
	(Type or print) Newton I Est	helman DEATH	3 8	1967
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Du 4 27, 1901	AGE (In years IF UNDER 1 YEAR last birthday) Months Days	R IF UNDER 24 HRS. Hours Min.
1	0e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	RY 11. E RTHPLACE (County & State, or		OF WHAT COUNTRY
1	Refuse Collector Trucking	14. MOTHER'S MAIDEN NAME		s.A
	5. WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no, or unkown) (lityesgive war or detes of service) 18. CAUSE OF DEATH (Enter on y one ceuse per line for (a), (b), and (c), (c)	INFORMANT Mary W. B Dello R. Eskelma	Address Al Chambers	bury Par
	PART 1. DEATH WAS CAUSED BY: DIAMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: Cerebral Th	rombosis _		MICS.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) Arteriosclero (c)	osis-generalij	_0d	lyr.t.
NOITACE	PART II. OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE D. (Enter nature of 'n ury in Part I or Part I		19. WAS AJTOPSY PERFORMED? YES NO
50 T 55	200. ACCIDENT WAS JNDERLYING _ 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING _ CAUSE OF DEATH	v. tender dature of nury in Part Cor Part I	If of their 10-7	

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED

20c. TIME OF INJURY Month, Day, Year Hour a.m.

p.m.

MEDICAL

Not While at work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)

(County) (State)

saw the deceased alive

attended the deceased from. F?b.

22a SIGNATUR 22c. PHYSIC.AN'S

19

ATTENDING ATTENDING 22d. ADDRESS

225. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

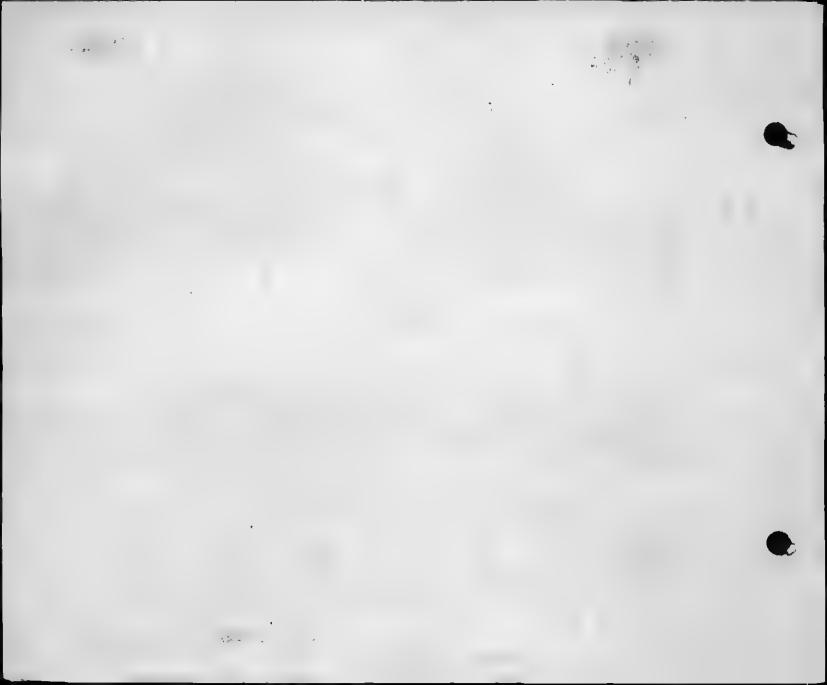
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county)

STAFF

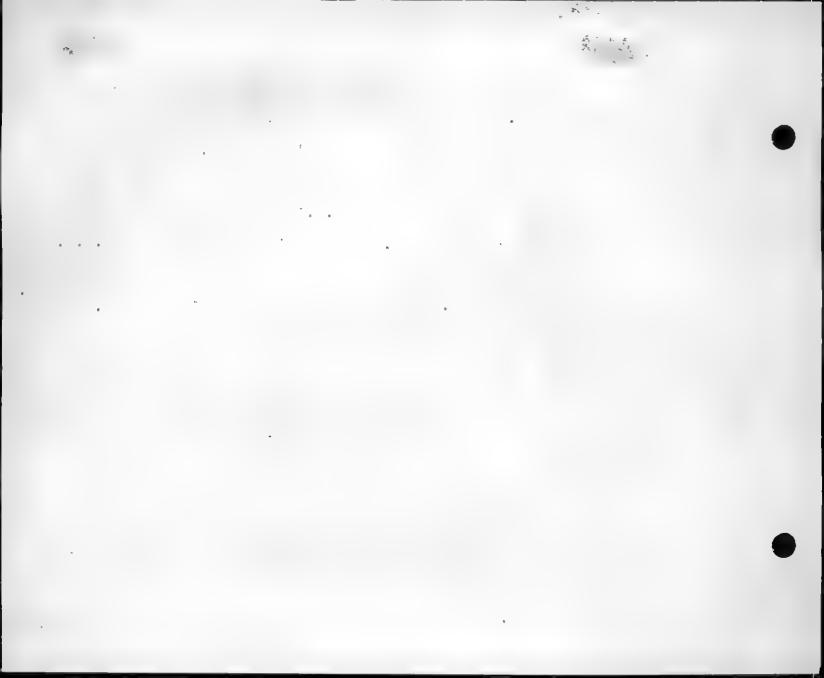
24-FUNERAL DIRECTOR'S SIGNATURE

death. Page 4 death. Page 4 dector, page 3 she filed with the 5 VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

A) a z	0428	7.	CERTIFICATI	OF DEATH		04299
7 6 7	1. PLACE OF DEATH				Where deceased lived if inst	itution: Residence before admission)
in de la	a. COUNTY	WASHINGTON	MARYLAND	O. STATE MAR	YLAND b. C	OUNTYWASHINGTON
off of	b. CITY OR TOWN	(If autside carporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside carparate limits, write	RURAL and give nearest town)
Poor tours	HAGER	STOWN MD.	2 WKS	HANCO	CK	2501
in b Zs.	d NAME OF HOSPI	TAL OR INSTITUTION (If not in haspital	l, give street address)	d. STREET ADDRESS		e, IS RESIDENCE ON A FARM?
sampletely filled in by the funeral move carbon popers. Poges 1 and Ingarrat, within 72 haurs offer deot	WASHING	TON COUNTY HOS	SPITAL	217 DAI	E ST.	YES NO K
y fil	3. NAME OF	First	Middle	Last	4 DATE N	Manth Day Year
and campletely fremove carbon in physicials, with	DECEASED (Type or print)	ELMER	WILLIAM	FLOWERS	DEATH	3 10 19 67
E e	S SEX	6. COLOR OR RACE 7. MARRIE	D 💢 NEVER MARRIED 🔲	8 DATE OF BIRTH	9 AGE (In year)	
36 8	М	W WIDOWE	D DIVORCED	6.1.1900	66 yr	s
in d			KIND OF BUSINESS OR INDUSTRY	, ,	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
icion an lease re and in		SOUTHERN PIPE	LINE CO.	WASHING		MD U.S.A.
al,	13. FATHER'S NAME	DEST ELONESC		14. MOTHER'S MAIDEN		
ottending physicion and sermit. Then please remon, or remanal, and in the		BERT FLOWERS		ANNIE		110
	(Yes, no, on unknown)	/ER IN U.S. ARMED FORCES? (If yes give war or dates of service)	6. SOCIAL SECURITY NO 17	INFORMANT		ddress MD.
ottendi permit. ion, or r	140	40	13.07.0454 N	MARY M FLO	NERS 217 DA	ALE ST. HANCOCK
- Paring and		DEATH (Enter anly ane cause per line t ATH WAS CAUSED BY	far (a) (b), and (c))	4		INTERVAL BETWEEN ONSET AND DEATH
on. by t rons crem	4/18:3	IMMEDIATE CAUSE (a)	wence	rol .		2-1045
	Conditions, if an	DUE TO	10 males	la -		lyry,
physic signed burial burial	rise to immedia	ate cause (a),	A FIRE CONTRACTOR	4 : 0	1. 05	
5 8 8 G	stating the und	erlying couse	terner	ti Cours	W. 245	· for
5 5 0 2 5	PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o	19. WAS AUTOPSY PERFORMED?
ar offer le hos use o ofth pr	200 ACC DENT W OR CONTRIBUTION	march 12	melite	angly	hun. ? I	Vielen YES NO I
ficate for Heo	200 ACC DENT W		DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury an	Part + ar Part II of item 18)
ospit certifi hed st. af		IG □ CAUSE OF DEATH Y MEDICAL EXAMINER)				
this calletoch Dept	20x TIME OF IN	Soft. Month, early real		ACE OF INJURY (Hame, far ctary, street, affice bldg, etc.		(County) (State)
· 후 든 등 후	물 Hour d	10	nile Not While fa	ctary, street, affice blag, etc	.)	
After the be de de State	21 I ceri	tify that (I) (this haspital) ett	ended the deceased fram_	LI tell.	19, ta_///	, 196/, that (1) (we) la
the the		deceased alive an 10 m	19 6 /, and th	at death accorred a	M, from caus	es and an the date stated abov
retained ECTOR: / 3 should with the	22g SIGNATUR	1. 11/1	Called	ATTENDING ATTENDING	MED. STAFF	22b. DATE SIGNED
	22s. PHYSICIAN	Just 6	my -a	LO. PHYS ADDRESS	DIRECTOR L PHYS.	- 17 mm 01
	NAME (Typ	Richard T. Binf	ord, M. D.	1135 Pot	omac Avenue	Hagerstown, Md.
5 두 보 하고	23a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City o	r Town) (County) (State)
Poge 4 r	REMOVAL (Speci	3.13.67		GHTS	RURAL HAN	MD.
5 5 5 W	24. FUNERAL DIRECT		ADDRESS		D BY REGISTRAR 2Sb	REGISTRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04288 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a CDUNTY 5 CDUNTY MARYLAND WASHINGTON WASHINGTON ö MARYLAND pages lond 2 with the State Department b CITY DR TDWN (f autside corparate limits, c. LENGTH DE STAY IN 16 c CITY DR TDWN (if auts de carparate imits, write RURA, and give nearest tawn) HAGERSTOWN WILLIAMSPORT 1 DAY d NAME DE HDSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS * IS RESIDENCE DN A FARM? e, writing the word "pending in pencil in Item 18 Give Pages 1, , farwarded to the Chief Medical Exam.ner's Office along with form pencil in stem 18 Give Pages 1, WASHINGTON COUNTY HOSPITAL 31 E. CHURCH ST. YES ND 🔀 3. NAME OF Middle 4. DATE Eirst Lost Month Year DECEASED EUGENTA MARIE GLADHILL MARCH 67 16 (Type or print) DEATH B. DATE DE BIRTH 9. AGE (In years IE UNDER 1 YEAR IF UNDER 24 HRS 6. CDLDR DR RACE 7. MARRIED IX NEVER MARRIED last birthday) death FEMALE WHITE WIDDWED DIVDRCED 10a USUA, DCC-PATIDN (Give kind of work done .0b. KIND DE BUS NESS DR 11 B RTHPLACE (State or fareign country) .2 CITIZEN DF WHAT during most of working life, even if retired) U.S.A. INDUSTRY event within 72 hours after MARYLAND 13. EATHER'S NAME 14 MDTHER'S MAIDEN NAME This certificate should be executed within ROLLAND E. GLADHILL PATRICA MEADE permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY ND 17 INFORMANT Address WILLIAMS PORT (Yes, na, ar unknown) (If yes give war ar dates of service NO NONE MRS. PATRICA M. GLADHILL MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I DEATH WAS CAUSED BY DISET AND DEATH IMMEDIATE CAUSE (a) Communited Expressed Fracture Skull Left 8 hours writing the word DUE TO Canditions, fany, which gave (b) Partietal With Brain Laceration & Intrarise to immediate cause (a), ⊑ DUF IN D stating the underlying couse S (c) cranial Hemorrhage. be used WAS AUTOPSY PEREDRMED? PART I. DTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM HAL DISEASE CONDITION GIVEN IN PART 1(g) cremotion, or removol, YES ND 😾 4 should be 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Part I at Part II of item 18.) 3 shauld PRIMARY (X'or CONTRIBUTING [MEDICAL EXAMINER: files. CAUSE DF DEATH Passenger in car which was in head on collision. 20c TME DE INJURY Month, Day Year 20d INJURY CCCURRED 20e PLACE DE INJURY (Hame, form 20f (City or town) (State) While Nat While factory, street office bldg, etc. may be retained for your FUNERAL DIRECTOR; Page Page of work at wark State R# 68 Williamsport Washington. 2) I certify that I took charge of the remains described above held an Autopsy Inspection , Inquiry and in my opinion death resulted from Natural causes funeral director Accident 😿 Suicide Hamicide Undetermined manner CHIEE MEDICAL EXAMINER **ACTUAL** 22 DATE SIGNED prior ASSISTANT MEDICAL EXAM NER SIGNATURE DEPLTY MEDICAL EXAMINER (XX) **EXAMINER'S** Reoth NAME (Type) Dr. E. Address (Street city, town, or county) Hagerstown, Md. the 230 BURIAL, CREMATION, 23c NAME DE CEMETERY DR CREMATORY 235 DATE THERED 23d LDCATION (City or Town) (County) 50 3/18/67 CEDAR LAWN MEM. GARDENS HAGERSTOWN 2Sa REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A 15ME (E Charles



VR A15 (4) 20M 1/65

.≘ filled

within

executed

þe

certificate

death

law requires that the

PHYSICIAN:

by the hospital or attending physician.

be retained

Page 4 may

FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04290

CERTIFICATE OF DEATH

04292

	1. (Place of DEATH o. COUNTY Washingt n	MARYLAND	2. USUAL RESIDENCE (V o. STATE Naryla	Where deceased lived, if institution R b. COUNTY nd Washing t	ŕ
	i	o CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town) Hagerstown	c LENGTH OF STAY IN 16 5 Weeks]	itside corporate limits, write RURAL or agerstown	
	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, s	e IS RESIDENCE ON A FARM?			
17		Washington County Ho	spital	17	Public Square	e YES NO X
. \	- (NAME OF PICEASED (Type or print) BERTHA LORRA	INE GUESS	FORD	of DEATH March 26	ουγ Year 6 1967 19
d	5. 5	SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	1 0 000 (1 1 15)	UNDER 1 YEAR IF UNDER 24 HRS
		Female White WIDOWED		any 10 19	02 Got birthdoy) Moi	nths Doys Hours Min.
			ND OF BUSINESS OR	, ,	& Stote, or foreign country) burg W. Va.	12 CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME Leonidas Roane		14. MOTHER'S MAIDEN N Bessie (No Record)	
	15. (Ye:		4-09-91801	mes R. Mi	Address ddlekauff 210	Hagesr St
		18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove) (b)	(o), (b), and (c)) freeliel free Teren coros	bolis ary is ch	Part R. B.	INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS
		nse to immediate couse (a), stoting the underlying couse lost.	terio peleis	is, duce	lif &	years-
ź	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T Tricemanica / Lepsate	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITIOÑ GIVEN IN PART 1(□)	19. WAS AUTOPSY PERFORMED? YES NO Z
	CERT	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED (·	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. 19 While p.m. 19	Not While focto	E OF INJURY (Hame, farm ory, street, affice bldg., etc.)	, 201. (City or town)	(County) (State)
		21. I certify that (!) (this haspital) attends saw the deceased alive an 3/2.			967 to 3/26 6450M, from causes and	an the date stated above
		Here Frencing	M D	11110	MED STAFF 2	2b. DATE SIGNED
1		22c. PHYSICAN & CECTGE FIEN	nings	22d ADDRESS 3	18 N. Sotom	ud.
)	23a	BURIAL CREMATION, 26b DATE THEREOF BUILDING 3/28/67	23c YAME OF CEMETERY OR C		23d. OCATION (City or Town) Hagerstown, I	
1	24	AHATOM K. Coffman Fune Hagerstown	ral ADDROMe Inc ,Maryland	250 REC'D	BY REGISTRAR 2Sb REGISTR 3 0 1967 Holian	ARS SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the famelal director, page 3 should be detached far use as the burial-tronsit permit. Then please remaye carbon popers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in one event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospital or attending physician.

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TO NOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any well, within 72 hours after defiting. division of statistical research and records, 301 w. preston street, Baltimore 1, Maryland 04291 CERTIFICATE OF DEATH

1. PLACE OF DEATH	1				2. USUAL RESIDEN	CE (Where				idence bet	ore admission)
a. COUNTY	Washington		MARY	LAND	e. STATE Mar	yland	3	b. COUNTY	Wa.s	hing	ton
b. CITY OR TOW	N /if outeldo porporato	limits,	C. LENGTH OF STAY		c. CITY OR TOWN (II	outside	corporate II	mits, write	RURAL ar	nd give n	earest town)
Williams	and give nearest town)		Lifetime		Willi	amen.	net.		g63	11	
	SPITAL OR INSTITUTION			ddress)	d. STREET ADDRESS	.00,10,00	J. U		Ser V		RESIDENCE
22 W. F	otomac Stre	et			22 W. Pot	omac	Stree	t		YES	N A FARM?
3. NAME DF DECEASED	Firs	t	Middle		Last	4. DA	_	Month		Oay	Year
(Type or print)	David	d Me	c Kendree	H	arsh	OF DE	HTA	March	23		19 67
5. SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIE	0 X 0	. DATE OF BIRTH	-	9. AGE (II				INDER 24 HRS.
Male	White	WIDOWED [OIVORCE		Feb. 24 1	.883	84	7114	onths 0	ays H	ours Min.
10a. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. KI	D OF BUSINESS OF		11. BIRTHPLACE (C	ounty & Si		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12. CIT	IZEN OF	WHAT
Bar Tende	ing life, even if retired)	Tav	oustry Jern		Williamsp	ort	Maryl	and	CON Un	NTRY?	A.
13. FATHER'S NAM					14. MOTHER'S MAIL	DEN NAMI	E				
David	d H. Harsh				Malinda	Wil	son				
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO), 17,	INFORMANT		22 h	Adpost	oma c	St.	
	(If yes give war or dates of s	ervice)	9-12-0501	IM-4	iss. Louise	Homo		liams			
_No	DEATH FE-to- only one				raa* Fourae	Harr 9	11 YY 1	TTAIIS	por c		L BETWEEN
	DEATH Enter only one ATH WAS CAUSED BY:	4.46	Λ.	9-1	and a day						AND DEATH
4 19 22 3	IMMEDIATE CAUSE (a) Myc	ocaval):	<u>) (</u>	MADRALIA	on				90	143
4201	DUE TO	· AGO		i	1,					10	100
Conditions, If) 774	lerosc	مام	0515					101	7-
cause (a), s		0								0	
underlying caus		:)						_			
PART II. OTHER S 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	GIGNIFICANT CONDITION	SCONTRIBUT	ING TO DEATH BUT	NOTRELA	TEO TO THE TERMINAL	DISEASE	CONDITIONG	IVEN IN PAI	RT 1(a)		AS AUTOPSY RFORMED2
S	1	UM-C	2							YES	□ No □
20a. ACCIDENT	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINE	20b. D	SCRIBE HOW INJU	RY OCCU	RREO. (Enter nature o	f injury l	n Part I or I	art II of I	tem 18.)		
(IF EITHER, NO	TIFY MEDICAL EXAMINE	R)									
정 20c. TIME OF	INJURY Month, Day, Ye	ear 20d. IN.	URY OCCURRED	20e, PLAI	CE OF INDURY (Home, f	arm, 20	f. (City or	(OMO)	(Count	(y)	(State)
ZDC. TIME OF Hour a.r		While at work	Not While at work	Tacto	ry, street, office bldg., e	etc.)	_				
	y that (1) (this hospit			rom	1 Bu 1	965	to 2 72	ス	106	that	(I) (we) last
	ceased alive on 3=	23	1967	and that	death occurred at	N RES	from the	calises an	d on the	date s	tated above.
22a SIGNATU		0	131111	and that	death occurred has	-77	i i on the		22b. DAT		
/////	Manhi	H		M.D	ATTENDING PHYS.	MEO. DIRECTO	R STAF	F D	3-2	13 -	61
22c. PHYSICI	N'S	*		W.D	22d. ADDRESS	DIRECTO		/	11	1	
NAME (T	ype) ME, K	Juri	K, T		William	25 n	out	-0	Ma	<i>y</i>	
23a. BURIAL, CREN	ATION, 23b. DATE TH	IEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	/23d.	LOCATION	(City, town	or coun	ty)	(State)
REMOVAL (Sp Burial	ecify) March	25-67	Rest Hav	en C	emetery	Ha	agerst	own	Ma	ryla	nd
24. FUNERAL DIRI	CTOR	-> -1)	ADDRESS			i		25h REGI	STRAR'S	SJGNATI	
Albort T	Leaf Willia	nmenoni	- Md			27	1967	your	nes	Jus	7
WIDGL P	TOOL MATTER	TIND POT	D 1.101 9		DATE	-		- 17		U	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0420A

	4292			CERTIFICA	HE	OF DEATH			スピリ	*		
PLACE OF						2. USUAL RESIDENCE (Where dece			e before	admissi	on)
o. COUNT	ſ	WASHING	TON	MARYLAND	ŀ	o. STATE MAR	YLAND	b. COUN	JY TIL	NASF	HINGT	ron
b CITY OF	R TOWN (If ou	tside corporate limits		c LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou	itside corpo	rote limits, write RUR	AL ond give	negresi	town)	
write)	HAGERS	negrest town)		10 YRS.	l		HAGER	STOWN		3	2/1	1
d. NAME (OF HOSPITAL O	R INSTITUTION (If no	t in hospitol, g	give street oddress)		d STREET ADDRESS				e		DENCE
WAS	HINGTO	N COUNTY	HOSPIT	AL		1016	POTOM	AC AVENUE		1	ON A F	1000
3 NAME OF		Fir	st	Middle		Lost	4. DATE	Mont	h	Doy	Ye	ear
(Type or)		MARY		LEDBETTE	R.	HEGELER	OF DEAT	H MARCH		15	19	67
S. SEX	6.	COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	I	9 AGE (In years	IF UNDER 1			R 24 HRS
FEMA	LE 1	WHITE	WIDOWED	DIVORCED	ل ا	JULY 22, 19	13	last birthdoy)	Months	Doys	Hours	Min.
10o. USUAL O	CCUPATION (GIV	e kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	foreign country)		IZEN OF		
during mosts	ECRETA	eyen it retired)	1/1	INING CORP.		CALHOUN C	O A	LABAMA	LOG	INTRY?	Α.	
13. FATHER'S	NAME	-				14. MOTHER'S MAIDEN						
		EMMETT	W. LED	BETTER		JES	SIE J	ONES				
IS WAS DEC	EASED EVER IN	U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	17 IN	FORMANT	H	AGERSTOWN	MAR.	LLAN	D	
(Let NO. or n	nknown) (If y	es give war ar dates a	== 1	.11-22-7311	MR.	H. HARTLE	Y HEG	ELER 101	6 POTO	DMAC	AVE	€.
		(Enter only one cou	se per line for	(o), (b), and (c).)							RVA. BE	
PA	RT I. DEATH W	AS CAUSED BY: !MMEDIATE CAUSE	(a) M v	o Cardial	***	tnfarc.	tion	3		UN2	SET AND I	DEATH
4	201	DUE										
	ns, if any, whi		(b) <u>C</u> Ø	ronzry	7	hrom be	513			18	<u>ም ከጉ</u>	2.
	mmediote co the underlyin		TO .						ļ	ر	- and i	n -
last			(d)A_	rterio s	212	rotic H	5-4-2	D12651	(2	3	<i>m</i> (
多 PART II	OTHER SIGNIF	CANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELATED	TO T	HE TERMINAL DISEASE COI	NDITION GI	VEN IN PART I(o)		19	WAS AUT PERFORM	VEDS.
3											ES 🔲	NO
	DENT WAS UND		20b. DE	SCRIBE HOW INJURY OCCURR	ED (i	Enter noture of injury in	Port 1 or P	ort II of item 18)				
		CAL EXAMINER)										
20c TIA	AE OF INJURY Hour o.m.	Month, Day, Year	20d. II While			OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Cou-	nty)		(Stote)
ž	p.m.	19	at wor		10110	ry, sireer, ornice blog., etc.	<u></u>					
21.	I certify t	hat (!) (this-hos	oital) attend	ded the deceased from	1	1454	957,	to MST- 1-	196	7 th	at (I) (we) las
		sed alive an 🏒	March	15 19 67, and	that	death accurred at	4:15A	M, fram causes (g apan
22o. SI	GNATURE	1	, 11			ATTENDING (1988)	MED.	STAFF	22b. DA	TE SIGNE	D	
00. 01	Vard	1 a. F	tall	mer	M.D	PHYS 22d ADDRESS	DIRECTOR	L PHYS. L	13/1	7/4	27	
	AME (Type)	LLOYD A.	HOFFMA	N M.D.			РОТОМ	AC ST. HA	RESTO	TANI .	MD.	
23o BURIAL		23b DATE THE		23c NAME OF CEMETERY	00.0							
CREMA		3/17/1						LOCATION (City of Tov VASHINGTON		(County)	{:	Stote)
24. FUNERA	- 01 mp W-4.1	1 7/1//	70/	CEDAR HILI	<u> </u>		D BY REGIS		GISTRAR'S SI	GNATHD	F	
		ROUZER	HACEP	STOWN. MARYL	ANT			1967	ione	, Jee	dec	
ALTE	LA COMMAN	NUULER	TIMODE [/	OTOMN * LIMITTY	CALVE.	DATE 1!	N U	1001 //	- 0	1	0	

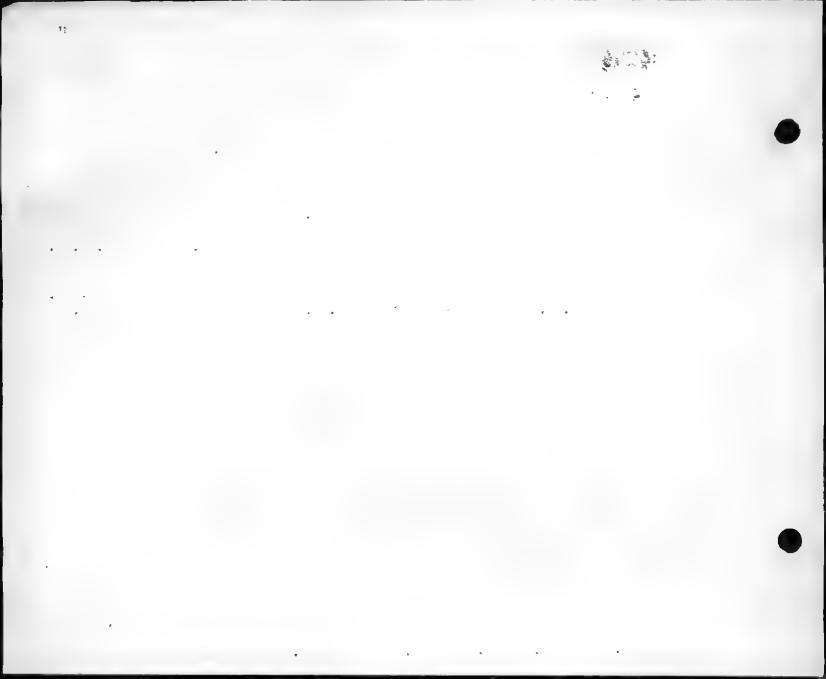
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withfin 24 havis ofter death. TO FUNERAL DIRECTOR: After this certificate hos being signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the build-fronsit permit. Then please remove carbon papers. Pages Jendanshould be filed with the State Dept of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours of for desta Poge 4 may be retained by the haspital or ottending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		04293	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	ſ	1/205
IEALTHE DEPT.	1	PLACE OF DEATH			2 USUAL RESIDENCE	(Where deceased lived	, if institut on Resid	enet Herote (Marission)
ay s 3 ta Page int af eath		o COUNTY Hashington		MARYLAND	Maryla	nd	b COUNTY Washin	igton
delay and 3 43 Pa iment		b CITY OR TOWN (f outside corporate mits		c LENGTH OF STAY N b	CITY OR TOWN (If a	outside corporate limits	write RURAL and g	ive neorest town)
any delay s 2, and 3 to PM3 Page partment at after death		write RURAL and give nearest town) Hagerstown		Life	Hagers	town		-1/
		d NAME OF HOSPITAL OR INSTITUTION (IF not I	n hosp to		d STREET ADDRESS			e S RES DENCE ON A FARM?
haurs after death 1f city delay Item 18. Give Pages 1, 2, and 3 Office a.ang with farm PM3 Paland2 with the State Department event within 12 bours after aea		Washington County	Hosp:	ital	115 Joi	hn St.		YES NO
Pag with with Williams	3	NAME OF First DECEASED BT :		Middle	Lost	4 DATE OF	Month	Doy Year
Don Ac		(Type or print) NOTIMEN	ı		Heller	DEATH		5, 19 67
hin 24 haurs after death 1 nct in Item 18. Give Pages nners Office along with far pages Land? with the State in any event within 12 bou	. 5		MARR ED		8 DATE OF BIRTH	9 AGE (I	in years IF UNDE (irthdoy) Months	R 1 YEAR FUNDER 24 HRS
118 1 18 1 18 1 18 1 18 1 18 1 18 1 18		Male White	MIDOWED	DIVORCED	Dec. 17, 1	917 49	yrs 3	8
I haurs Item 1 Office I and 2	Da	USUAL OCCUPATION (Give kind of work done in a most of working life, even if retired)	10b. KI	ND OF BUS NESS OR DUSTRY	11 BIRTHPLACE (Stote	e or foreign (ountry)	(CITIZEN OF WHAT
24 In It It Is Control of the		ng most of working ite even if retired) Sign Painter	P	DUSTRY ainting	Hagerst	own, Md.		U. S. A.
w thin 24 pencil in caminers caminers le pages nd in any	13	FATHER'S NAME			14 MOTHER'S MAIDEN	11711110		
File and		Nelson Heller				Sullivan		
ned and E	15 {Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es no, or unknown) [(If yes give wor or dates of s	erv cell		INFORMANT			own, Md.
fing fing edic erm navc		(If yes give wor or dates of s	-		s. E. Rebec	ca Heller	, 115 John	
shauld be emecyted within the ward "pending" in pencil a the Chief Medical Examine burial-transit permit. File page matian, ar removal, and in a		18 CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CAUSED BY		, , , , , , , , , , , , , , , , , ,				INTERVAL BETWEEN ONSET AND DEATH SUGGEN
Chie		/ IMMED ATE CAUSE (a)		ronary occlu	sion		<u>.</u>	sudden
ward ward the Ch rnaf-tro		Conditions, if any, which gave) (6))					
sh ret ret bur		rise to Immediate cause (a), (
ficate ing th ded 1 ded 1 de 1 , cre		stoting the underlying couse (c)						
This certificate shauld be emecuted within 24 cate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiners is be used as a burial-transit permit. File pages is a burial, crematian, ar remaval, and in any		PART II OTHER SIGNIFICANT CONDITIONS CON		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PAI	RT I(o)	19 WAS AUTOPSY
farv farv	CERTIFICATION	Advanced cirrho					, ,	PERFORMED? YES NO 13
This icate be factoring to be factoring to be factoring to be in the control of t	E C	2Do EXTERNAL CAUSE WAS	20b DE	SCRIBE HOW INJURY OCCURRED	Enter nature of injury in	Part or Part II of ite	em 18.)	
AMINER: This er the certificate, a 4 shauld be faure files. ge 3 should be u agent, priar ta ta agent, priar ta t		PRIMARY (or CONTRIBUTING () CAUSE OF DEATH.						
Share of a	MEDICAL	2Dc T ME OF INJURY Month, Day Year			CE OF INJURY (Home, for		r town) (C	County) (Stote)
EXAMINIR: tute the certi age 4 shauld r yaur files. Page 3 shoul	ME	Hour o.m.	While of worl		tory, street, office bldg , etc	:}		
AL EXA execute r. Page I far yal IOR: Page		21 I certify that I taak charge o			eld an Autapsy 🔲	Inspection 🔀	Inquiry .	, and in my apinio
METTAL EX please execut I director. Page retained for y L DIRECTOR: Po its designated					ide 🔲, Hamicide	The second second	mined manner [
mit met please il directione retaine		ACTUAL	M	201	CHIEF MEDICA	L EXAMINER		3/27/67
F G G S		SIGNATURE	al U	Wullan		D CAL EXAMINER	EOO Now	22. date signed thern Ave.
cessary, p cessary, p e funeral may be r FUNERAL alth ar it		EXAMINER'S NAME (Type) Howard N. V	Jaaks	M D		CAL EXAMINER K		own, Md.
in DEFILITY MEMORAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health or its designated age	230			23c NAME OF CEMETERY OR		23d. OCATION ((County) (Stote)
To the control of the	230	pemoval (specify) 3- 28-		Benevola C				, ,,
A	24	I. FUNERAL DIRECTOR	9/	ADDRESS	2So. REC	D BY REGISTRAR	25b. REGISTRAR S	SIGNATURE
VR ATSME (5)	_	John H. Bast, Jr. 112	N_ M	sin St. Boomeh				a Judge
A			214 PD	WITH DOB TOOLIED.	OLO SUU B THAN	2 9 196/	10-070	1



FOR STATE WEALTH DEPT.

TO DEPUTY MEET CALIFICATE. This certificate should be executed within 24 lours liter death. If any lelay hease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR ALSME 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04294 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH 9. COUNTY						2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	a. COUNTY	a. STATE MARYT.AND b. COUNTY WASHINGTON										
	b. CITY OR TOW	ND N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	b. CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town) HAGERSTOWN			LIFE		HAGERSTOWN					,	
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in he					d. STREET ADORESS					IS RESIDENCE	
	WASHING	2014 GAY STREET ON A FARM?										
3.	NAME OF First		Middle		Lest	4. DA	TE Mont	h	Oey	Yeer		
	DECEASED (Type or print)			STUART		HESS	OF DE	ATH MAT	RCH 14 1967		1967	
5.			7. MARRIED	D X NEVER MARRIED		. OATE OF BIRTH	-	9. AGE (in yeers		1 YEAR IF UNDER 24 HRS.		
	MATE	MATE WHITE WIDOWE				OCT 10.190)1	lest birthday) 65 yrs.	Months	Days	Hours Min.	
10e, USUAL OCCUPATION (Give kind of work done 1 10b, KIND OF BUSINESS OR 111, BIRTHPLACE (State or for eight country) 12.										CITIZEN OF WHAT		
		INAL MGR.	TF	MARYLAND U.S.A.					.A.			
13	FATHER'S NAM	TIVAL TICIL	1 44	14. MOTHER'S MAIDEN NAME								
	MA	URICE HESS		MARGARET SCHLEIGH								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT												
(Yes, no, or unknown) (If yes give war or dates of service) NO 214-10-4681 MRS. BERTIE HESS 2014 GAY STREET												
=		DEATH FEnter only on		المالينين.	2011 32	12 0214	INTERV	AL BETWEEN				
	PART I. GEATH WAS CAUSED BY: MMEDIATE CAUSE (e) Bronchopneumonia, Bilateral Several days											
	1997 Y											
	Conditions, if any, which \ (b) Experience Of Right 5th & 6th Ribs											
	gave rise to immediate											
	cause (e), stating the DUE TO underlying cause last.											
z											WAS AUTOPSY	
4T30	PERFORMED:											
FIC	A FOSSI	ON OI Anterior Descending 125 Mar 10 127 Mar 10 127 Mar 10 128 Mar 129										
MEDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CL CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF DEATH.											
F C		EVIGENTIV TELL IN HOME.										
200												
ME		while Not While Hagerstown, Washington, Md.										
										_	In my opinion	
	death result	ed from: Natural	Undetermined	manner								
		CHIEF MEDICAL EXAMINER										
	SIGNATURE M.O. ASSISTANT MEDICAL EXAMINER 3-17-67											
	EXAMINER'S	EDWARD N.	רששת	TD 34 D	24 5	DEPUTY MEDICAL EXAMINER 129						
NAME (Type) EDWARD W. DIIIO, DR. N.D. 21) W. W. W. W. town, or county the												
23a. BURIAL, CREMATION, 23b. GATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spec fy) MARCH 18 1967 ROSE HILL CEMETERY HAGERSTOWN MARYLAN)												
	BURIAL	MARCH	18, 19		بلبلة			HAGERSTOW		_	ARYLAND	
2	. FUNERAL DIRE		***	AODRESS	ישכום	1 1 1 1 1 1 1 1 1	2.1	1967 FC	EGISTRAR'S	SALE		
_	CHARLES	M. ROUZER	HA	GERSTOWN, M	ARI.	DATE	~ 1					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY Washington o. COUNTY o. STATE Washington Marvland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest fown) Hagerstown Hagerstown d. STREET ADDRESS e. IS RESIDENCE d. NAME DE HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 1011 Oak Hill Ave Avalon Manor YES NO 3. NAME DE Middle 4. DATE Month Doy Year DECEASED (Type or print) Harlan Hornbaker George March 1967 DEATH .F UNDER 1 YEAR I IF LINDER 24 HRS. SEX 6 COLDR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** lest burthday) Months Hours Male White March 21,1884 DIVORCED 10e USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR DIVISION Eng. Mercersburg, Franklin 14 MOTHER'S MAIDEN NAME Penna 13. FATHER'S NAME Jane E. Shatzer John Hornbaker 15 WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO Dr. John H. Hornbaker, 1117 Oak Hill A482822 no Hagerstown, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY arcome - to stomach IMMEDIATE CAUSE (o) DUE TO Retroperitonsel Conditions, if ony, which gave Sarcome use to immediate couse (o), DUE TO stating the underlying cause lost 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. Not While of work at work 1967, to Mar > 2 21. I certify that (I) (this hospital) attended the deceased from Fig. 1967, and that death accurred at 4 P M, fram causes and an the date stated above. saw the deceased alive an Mar. 27 22a. SIGNATURE STAFF DIRECTOR **ADDRESS** 22c. PHYSICIAN NAME (Type) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION. (County) Cremation Baltimore. Md. Greer Mount Crematory 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS REGISTRAR 5 SIGNATURE Coffman Funeral Home,

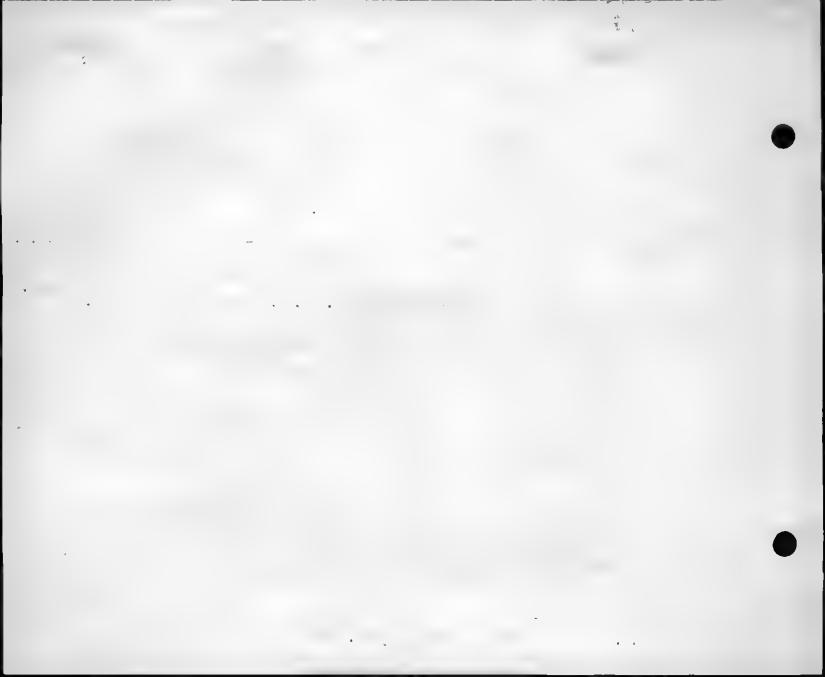
1967

requires that the death certificate be executed within 24 haurs after death and campletely filled in by remaye cremation, ar removal, and in apy by the attending fransit permit The burial-transit purial, cremati by the haspital ar attending physician. signed O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld shauld be filed with the VR A15 (4) 20 M 1/66

Andrew K.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04296 PLACE OF DEATH deoth funerol 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admissible o. COUNTY o. STATE Maryland Frederick Washington within 24 haurs after MARYLAND Pages b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) papers.Pag Nn 72 hours (write RURAL and give nearest tawn) Hagerstown 5 Mon. Frederick e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .⊑ d. STREET ADDRESS filled Washington County Hospital 504 Valley Street YES NO TE NAME OF First Middle Last 4. DATE Manth Day Year completely ent, w DECEASED Mildred Claire Houchin March 24 1967 (Type or print) DEATH requires that the death tertificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED K ond compression lost burthday) Months Days Haurs Nov. 12-1908 and in any White Female WIDOWED DIVORCED 10o USJAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10h physician c ien pleose during most of working life, even if retired) State PublicSchools COUNTRY? U.S.A. Fulton- Missouri Teacher 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pi burial, cremation, or removal, Lennie Blanche Sims John Lewis Houchin Address Brunswick, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Wm. B. Gross-304 Central Ave. No 1B CAUSE OF DEATH (Enter any one cause per line fex.(a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause offending as been as the prior to last. WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) certificate has iched far use ppt. of Health p CERTIFICATION 34 NO by the hospital or OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I at Part II af item 3B.) r this certificated for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20B. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While foctory, street, affice bldg . etc) While be de Stote [After at work at wark 21. I certify that (1) (this haspital) attended the deceased from Oct 1966 , to March 24. 19**67**, that (1) (we) last 3 should I with the S be retained TO FUNERAL DIRECTOR: and that death accurred at A. M. fram causes and on the date stated above. saw the deceased give on Marc 22a. SIGNATURE 22b DATE SIGNED March 24-1967 DIRECTOR director, page should be filed 22d ADDRESS 22c. PHYS CIAN SY O HOSPITAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 236. DATE THEREOI LOCATION (City or Town 23a BURIAL, CREMATION (State) REMOVAL (Specify) Fulton- Missouri 65251 28- 1967 Hillcrest Cemeterv REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



PYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 2. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) PLACE OF DEATH a. COUNTY **b** COUNTY by the land 2 death. MARYLAND by th b. CITY OR TOWN (if outside porporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town 24 write RURAL and give negrast lown! .57 within eliso filled d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give Atreet address) d. STREET ADDRES hours completely carbon papers. eld " NAME OF Middle DECEASED OF DEATH (Typa or print) pue ! 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR DATE OF BIRTH last birthday) WIDOWED [DIVORCED Ye 10a-USUAL OCCUPATION (Give kind of work BUSINESS OR INDUSTRY or foreign country dena during most of working life, eyen if retired) please death 13. FAMIERIS NAME MOTHER'S MAIDEN NAME attending Then | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((Ifyasgivawarordatesetservica) 16. SOCIAL SECURITY NO.1 17. INFORMANT Address permit. been signed by 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] 20 PART I. DEATH WAS CAUSED BY: cremation IMMEDIATE CAUSE (a) burial-transit **DUE TO** Conditions, if any, which gave rise to immediate cause PBS DUE TO (a), stating the underlying the causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY use as 9 CERTIFICATION prior ş R: After this c detached for it. of Health p 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20s. PLACE OF INJURY (Homa, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) factory, streat, office bldg., etc. Whila Not Whila Hour a.m. DIRECTOR: 3 should be de at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from . India. saw the deceased alive on..... 22a. SIGNATURE ATTENDING death. Page 4 TO FUNERAL, director, page 5 be filed with th HOSPITAL PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Removal (Specify) Green Hill 3-31-1967 Cemetery

to March 19 le (that (1) (we) last Ala 18 28 Lead that death occurred at 20 M from the causes and on the date stated above. 22b. DATE SIGNED 23d. LOCATION (City, town or county) (Stata) Berryville. 256. REGISTRAR'S SIGNATURE OSEPH GAWLER 8 ADDRESS 25a, REC'D BY REGISTRAR 8 ons inc Wisc Ave. wash

IS RESIDENCE

ON A FARM NO K

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stata)

YES |

(County)

12. CITIZEN OF WHAT COUNTRY?

Months

VR A15 (4) 20M 5-63



death.

after

within

agath sician and completely filled in by the lease remove carbon papers. Pages a and in any event, within 72 hours after executed attending physician rmit. Then please certificate be removal, has been signed by the atten as the burial-transit permit, prior to burial, cremation, or i The law requires that the death r this certificate hadetached for use a detached for use a te Dept. of Health p retained

FUNITAL UIRECTOR: After the director, page 3 should be de should be filed with the State

CERTIFICATION

MEDICAL

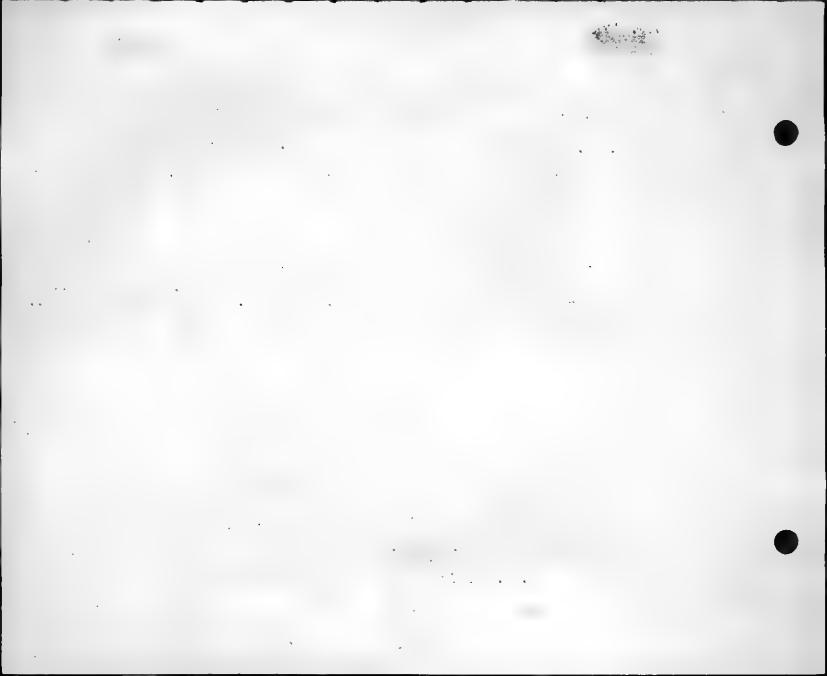
Albert

L. Leaf Williamsport

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Washington Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Williamsport yrs Williamsport e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 E. Salisbury St. 24 E. Salisbury Street NO-P DATE Year NAME OF Day Middie DECEASED 1967 30 Huddle March DEATH (Type or print) Kumler Gladvs 6. COLOR OR RACE | 7. MARRIED | X NEVER MARRIED AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 9. last birthday) Hours 1 Min. March 31 1898 White WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A Home Ohio <u>Housewife</u> 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David C Kumler Myrtle Fout Address sbury St. 15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give war or dates of service) 218 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 30 9721B Rev. William C. Huddle Williamsport Md.. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH ? PART I. DEATH WAS CAUSED BY: MIN IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLINING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20b. 20d. INJURY OCCURRED 20e, PLACE OF INJUNY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. ☐ Not While at work p.m. at work Nov 10 19 58 Mar 30 1967 21. I certify that (i) (Missingpited) attended the deceased from. that (i) (webclast and that death occurred at 12:16, from the causes and on the date stated above. 1967 saw the deceased alive on. Feb 22b. DATE SIGNED 22a. SIGNAFURE MED. DIRECTOR ATTENOING PHYS. X Mar 31 1967 M.D. 22d. ADORESS 22c. PHYSICIAN'S NAME (Type) E. Byrkit Williamsport Maryland 21795 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. OATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) Riverview Cemetery Maryland Williamsport Burial REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

DATE

VR A15 (4) 20M 1/65



death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be life with the State Degr. of Health prior to burial, cremalion, or removal, mill in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND O4299 CERTIFICATE OF DEATH PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before

	7 2 7 7								
1.	PLACE OF DEATH a. COUNTY					E (Where de			ence before admission)
	Washington		MARYLAND	a. \$1	AIL May	yland	b. COUN		ington
	b. CITY OR TOWN (if outside corporate line write RURAL and give nearest town)	nits,	c. LENGTH OF STAY IN 1				porate limits, wr		give nearest town)
	Hagerstown		4 month	Hag	erstow	n		211	
	d. NAME OF HOSPITAL OR INSTITUTION (in	not in ho	ospital, give street addre	s) d. STREE	T ADDRESS	1931	L		e. IS RESIDENCE ON A FARM?
	riendship Manor Nursi	ng Ho	ome	Lin	colnsh		oad		YES NO X
3.	NAME OF First DECEASED		Middle	La	st	4. OATE	Monti	3 [lay Year
	(Type or print) Charles		William	Huff		DEATH	March	1	3 19 67
5.	SEX 6. COLOR OR RACE 7.	MARRIED	X NEVER MARRIED	8. DATE O	FBIRTH	9.			AR IF UNDER 24 HRS.
1	White W	IDOWED '	DIVORCED	Nov.	24 190	3	63 yrs.	Months Day	Hours Min.
10a	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. K	IND OF BUSINESS OR	11. BIR	HPLACE (Co	unty & State	, or foreign country	12. CITIZ	EN OF WHAT
	Contractor		ldings			Manz	rland	TI - S	
13.	FATHER'S NAME	1 1001	4411E9	14. MOT	HER'S MAIDE	EN NAME	/LATICI	- Hat	D.A
	Thomas Harff				Annie (Cullis	son		
15.	Thomas Hiff WAS DECEASED EVER INU.S. ARMED FORCE	\$? 16.	SOCIAL SEGURITYNO. 1	7. INFORMAN	T	7027	Lincoln	SS lad an a	33
(16)	(If yes give war or dates of serv	27	14-09-9758	Mrs. B	lanche	エンジュ			
1	18. CAUSE OF DEATH [Enter only one car			ura D	Tanche	D Hui	1 nager	SLOWN N	laryland
- 1	PART I. DEATH WAS CAUSED BY:							C	NSET AND DEATH
-1	IMMEDIATE CAUSE (a)_	type	rtensive Art	rioscl	erotic	Vascu	lar Dise	ase, -	years
	Conditions If any which I	77 0					DC VE	10	
-1	Cenditions, If any, which gave rise to immediate (b)_	Hemi	plegia						years
	cause (a), stating the DUE TO								
2	underlying cause last.) (c)								
읡	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBU	TING TO DEATH BUT NOT R	ELATED TO THE	TERMINALD	ISEASE CON	DITION GIVEN IN	PART1(a)	9. WAS AUTOPSY PERFORMED?
5									YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. D	DESCRIBE HOW INJURY OF	GURRED. (Ent	er nature of	Injury in Pa	art I or Part II o	f (tem 18.)	
	20c. TIME OF INJURY Month, Day, Year	1	NJURY OCCURRED 20e. I	LACE OF INJU	RY (Home, far	m. 20f.	(City or town)	(County)	(State)
MEDICAL	Hour a.m.	While		ctory, street, o	ffice bldg., etc	c.)		,	
Σ.	p.m. 19	at work		/ -		11		40.70	
	21. I certify that (I) (this hospital) attende	ed the deceased from_	6-1-	, 19	_66_, to_	3-13-	_, 19_67,	that (I) (we) last
- 1	saw the deceased alive on 2-	10-	19 <u>67</u> , and t	nat death oc	curred at	AM, Tr	om the causes	and on the o	late stated above.
	22a. SIGNATURE A. SUN I	7	(A.D. PHYS.	INC P	IED.	STAFF PHYS.		-
- 1	22c. PHYSICIAN'S				ADDRESS	INEGION L	FILLS:	1_3-13-	.0/
	NAME (TIME) Dr. E. W.	Ditt	o. Jr.	Hag	erstown	. Md.			
23a.	BURIAL, CREMATION, 23b. DATE THER		23c. NAME OF CEMET				CATION (City, to	wn or county) (State)
I	REMOVAL (Specify) March 15	-67	Greenlawn C	emeterv		Will	liamsport	Marvla	ind
24.	FUNERAL DIRECTOR		ADDRESS			D BY RECU	STRAR , 25b. RI	ECISTRAR'S SI	CNATURE
L	lbert L. Leaf William	mspor	t. Md.		DATE 1	6 196		wer for	roge.
			- 71		DATE		1//		

VR AI5 (4) 20M 1/65



din 24 hours after din by the funeral ges f and 2 should after death.

ician and completely in by the funeral nove carbon papers. Pages I and 2 should great, within 72 hours after death. death. Page 4 be retained by the hospital or attending physician. The best stated the death certificate be executed death. Page 3 Should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any great, within 72 ho

VR A15 (4)

FF 200

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04300. CERTIFICATE OF DEATH

					0 2 0 10 4
1. PLACE OF DEAT	н		2. USUAL RESIDENCE (Who		ution: Residence before admission)
	shington	MARYLAND	•. STATE Md.	b. COUNTY	Wash.
	if outside corporate limits,		c, CITY OR TOWN (If outside	corporate limits, write RUE	
	give nearest town)				
Hagers	stown	, 6 days	Smithsbu	rg rural	
d. NAME OF HOSPI	TAL OR INSTITUTION (IF I	not in hospital, give street address,	d. STREET ADDRESS	-	. IS RESIDENCE
167 1. 4 4	O	11 1	DED #0		ON A FARM? YES ₩ NO
_wasnington	County Hosp	oital	RFD #2		
3. NAME OF DECEASED	First	Middle	Last 4. DA'		Dey Yeer
(Type or print)	Simon	Verdene	Huntsberry DE	Mar.	1 19 67
5. SEX	16. COLOR OR RACEL	. MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years) IF U	NDER 1 YEAR IF UNDER 24 HRS.
24.2					nths Deys Hours Min.
Male			Dec. 23, 1909	57 yrs.	1
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	10b, KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (County & Slete	e, or foreign country)	12. CÎTÎZEN OF WHAT COUNTRY
Farmer	siring rile, even il terifeci	Truck Farmer	Pondsville, M	7	USA
13. FATHER'S NAME		: II dok Tarmor	14. MOTHER'S MAIDEN NAME		CLAS
Charles	C. Huntsberr	ry	Mrs. Onie Bea	r	
	ER IN U.S. ARMED FORCE		NFORMANT	Address	
	lfyesgive war or dates of serv	ordi pa	hand O Washahan	DD#0 C-	4 th - house 16d
no	5 5 m 2 12		hard C. Huntsber	ry nuffe, on	ithsburg, Md.
		huse per line for (a), (b), and (c))			ONSET AND DEATH
PART I, DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonaryembolism	1		2 days
11212	1	3			
1 / / 3	A DUE TO				
Conditions, if an	100	Phlebothrombosis			1 month
gave rise to immed (a), stelling the	No. In the rest				
cause last.	[c]	Hypertensive card	liovascular disea	se	10 years
	P SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BUT NO			
ē laki ii vili	K SIGNIJIONITI CONTIN				PERFORMED?
3					YES X NO
PART II. OTHE	AS UNDERLYING 2	206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or I	Pert II of dem 18.)	
OR CONTRIBUTING	CAUSE OF DEATH				
		1 20d. INJURY OCCURRED 20e. PLA	CF OF INTERNATIONAL CONTRACTOR	(Chu an tawa)	(County) (State)
20c. TIME OF INJU	URY Month, Dey, Yeer		tory, street, office bldg., etc.)	(City of IOWII)	(20011)
P.m.	19	el work et work	į		
	about (1) (abis bossies	l) attended the deceased from	9-27 1054	₁₀ 3-1	10 67, that (I) (we) las
		-28- 19 67 , and that	death occurred at MM, f	rom the causes and	
22a SIGNATURE			ATTENDING MED.	STAFF	22b. DATE SIGNED
The South	4. 7/	A.	ATTENDING MED, PHYS. Z DIRECTOR		3-2-67
22c. PHYSICIAN'S	7		22d. ADDRESS		
NAME (Type	A CONTRACTOR OF THE CONTRACTOR	F. Hess, M.D.	Smith chung	Manuland 217	102
			Smithsburg,		
23a, BURIAL, CREMAT	TON, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town o	r county] (Stele)
REMOVAL (Specify Burial	Mar. 4,]	1967 Smithsburg (Comptems Sm	ithsburg	Md.
24 FUNERAL DIRECTO		ADDRESS	Sellie ret. A BECOUNT BY B	EGISTRAR 25b. REGIST	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	230, REC'D BY R	1 4	m/ / / /
Minnich Fr	meral Home,	Smithsburg, Md.	DATE MAR	6_1967_	Charles Judge
			2710115		(/



	04301	CERTIFICATI	E OF DEATH	04303						
	1. PLACE OF DEATH o. COUNTY Washing to:	Y) MARYLAND	o. Si Waryland	ved, if institution Residence before admission) b. COUNTASHINGTON						
	b CITY OR TOWN (If autside corporate limits write RURAL and give nearest town) Hagers to V/101	c LENGTH OF STAY IN 16 2 Weeks	c CITY OR TOWN (If autside carporate in Hagersto	mits, write RURAL and give nearest tawn)						
90	d. NAME OF HOSPITAL OR INSTITUTION (H no		d STREET ADDRESS 815 Antietam	Drive e IS RESIDENCE ON A FARM?						
	3 NAME OF FIED DECEASED (Type or print)	st Middle	Hykes OF DEATH	Month Doy Year March 1, 19 67						
	S. SEX 6. COLOR OR RACE Male White	7 MARRIED NEVER MARRIED WIDOWED XX DIVORCED	B DATE OF BIRTH 9. AG	Et (n years IF UNDER 1 YEAR IF UNDER 24 HRS IF UNDER 24 HRS						
	10a JSUAL OCCUPATION (Give kind af wark dane during most of working life even (trefired) HOUSE LIFE	10b KIND OF BUSINESS OR INDUSTRY OWN Home	11. BIRTHPLACE (County & State, or foreign Mason—Dixon Was	country) 12 CIT ZEN OF WHAT						
	13. FATHER'S NAME George W. Shub		14 MOTHER'S MAIDEN NAME ice I	Boward						
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng., ar unknown) (If yes give war or dates on None		informant narles S. Hykes 2	Sip Antietam Dr.						
	rise to immediate cause (o), stating the underlying cause	se per line for (a), (b), and (c)) (a) Carely (b) (b) Atherasel	asula forcis	INTERVAL BETWEEN						
: 3	PAPT IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).									
	20g ACC DENT WAS UNDER YING OR CONTRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part II o	of item 18)						
	20c TIME OF INJURY Manth, Day, Year Hour a m p.m. 19		ACE OF INJURY (Hame, farm, 20f. (Citary, street, affice bldg., etc.)	ty ar town) (Caunty) (State)						
	saw the deceased alive an	pital) attended the deceased fram_ 2-27_1967, and tha	7 - 27 , 1967, to it death accurred at 12:419M, fro	3 - 1, 1962, that (1) (we) lost om causes and on the date stated above.						
	220 SIGNATURE AM-	mardey M.	71113.	STAFF 22b DATE SIGNED 3-1-67						
1		Mandell Mat.	22d. ADDRESS 119 East Ant:							
Ω	230 BUR AL, CREMAT ON, 236 DATE THE BUTTLAT 3/3/67	Dunkard Cer	metery Broad	ON (City or Town) (County) (State) dforing, Wash. Co. Md.						
	Andrewake Coffman	Funeral Home Inc.	DATE MAR 3	1967 Clearles Judge						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Poge 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21207

		04302			CERTIFICA	ATE	OF DEATH	620	30%		
	1 1	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceased lived if institution Residen	ce before odmissian)		
	(county Wa	shington		MARYLAND	,	o. STATE Wa	I COLUMN	ryland		
		CITY OR TOWN (IF autside	carparote limits,		c. LENGTH OF STAY IN 15		c CITY OR TOWN (If au	itside carparote fimits, write RURAL and give	e nearest tawn)		
		write RURAL ond give ne			1 year		Hagerst	own	, 1		
	(NAME OF HOSPITAL OR IN	STITUTION (If not in h	ospitot, g	ive street oddress)		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
٥	\	316 N. Mu		t.			-	Mulberry St.	YES NO		
T		NAME OF DECEASED	First		Middle		Lost	4. DATE Month	Doy Year		
24	-71	Type ar print)	Grant		S.		Imboden	DEATH March 17,	19 67		
	5 5	SEX 6. COLO	OR OR RACE 7. N	IARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (In years IF UNDER			
				DOWED	DIVORCED	<u> </u>	May 26, 1	903 63st birthdoy) Manths	Doys Hours Min.		
		USUAL OCCUPATION (GIVE KIR			NO OF BUSINESS OR		11. BIRTHPLACE (County		IZEN OF WHAT		
	duri	ng most of working life, even	it retired}	pai	nting		Annville	, Pa.	UNTRY?		
	13.	FATHER S NAME				\neg	14 MOTHER'S MAIDEN I	NAME			
		Isaac Im	boden				Sarah	Shenk			
	15.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. IN	FORMANT	Address			
	(1e	s, no, ar unknawn) (If yes gr II O	AB MOLOL GOIGS OF SELA	14	3-03-1091A	K	reamer Fu	neral Home Annvi	ille. Md.		
	ñ	18. CAUSE OF DEATH (En	ter only one couse per	ine far	(a) (b) and (c))		- 4		INTERVAL BETWEEN		
		PART I DEATH WAS (AUSED BY	0.,	eno careino	22	a alooch	2-11	ONSET AND DEATH		
	- 1	134X	MEDIATE CAUSE (a) DUE TO				//		11000		
		Conditions, if ony, which gove) (1) -re(had lases									
	- 1	rise to immediate cause	(0), DUE TO				- 4	·			
	- 1	stoting the underlying co lost.	(c)_								
				DUTING T	O DEATH BUT NOT BELATED	TO T	UE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19. WAS AUTOPSY		
٠.	Š	PART II. OTHER SIGNIFICAN	COMPINIONS CONFRI	DUTING I	U DEATH BUT NOT KELATED	וו טו	TE TERMINAL DISEASE CON	ADITION GIVEN IN PART I(0)	PERFORMED?		
	3	AS ACCIDENT UPLC III INCA	VII.48	001 055	contact their falling occurs	nrm (1	russian and the American	D 4 1 D 4 11 f 4 253	YES NO IF		
	MEDICAL CERTIFICATION	20a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	OF DEATH	205, DES	SCKIRE HOW INJUST OCCUR	KEU (I	enter noture at injury in	Port I or Port II of Item 18.)			
		(IF EITHER, NOTIFY MEDICAL							11		
	읦	20c. TIME OF INJURY Mon Hour a.m.	th, Day, Yeor	20d IN While		PLAC	E OF INJURY (Hame, form ry, street, office bldg, etc.)	ı, 20f. (City ar tawn) (Cau	unty) (State)		
	×	p m.	19	ot work							
		21. Leertify that	(I) (this haspital) attend	ded the deceased fran	n	1/4,1	96/ to 3/17 , 196	2 /, that (I) (we) last		
			l alive an	2-	19 <i>6</i> , and	that	death accurred at	to ∑AM, from causes and an t	he date stated abave.		
		22g SIGNATURE	, ,				ATTENDING	MED STAFF 22b. D	ATE SIGNED		
	- 1	Kence So	acultures.	<u> </u>		M.D	PHYS LC-	DIRECTOR PHYS 13/1	1/61.		
1		22c. PHYSICIAN'S NAME (Type)	//				22d. ADDRESS	/			
/		HWINT (AAhe)	Dr. Georg	e Je	nnings		Hag	erstown, Maryland			
	23a	BURIAL, CREMATION,	23b DATE THEREOF		23c NAME OF CEMETERY	OR C	REMATORY		(County) (Stote)		
		BMAA (Serify)	3-18-67	7	Mt. Annvi	11	e Cemeter	Annville, Pa.			

AR DAY

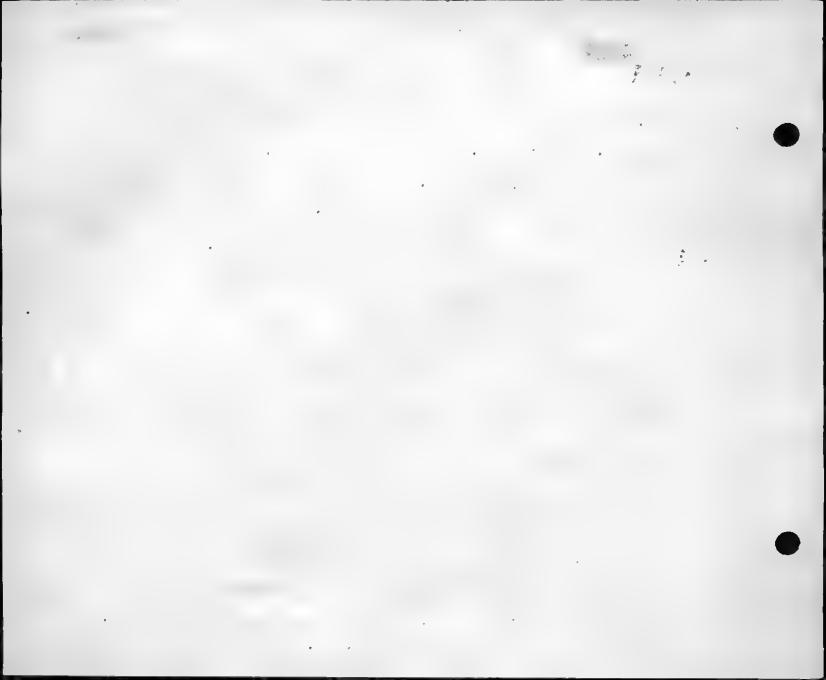
24 FUNERAL DIRECTOR
Minnich Funeral Home, Hagerstown,

FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

■ FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages—Page should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours of the case.



FOR STATE HEALTH DEPT.

TO DEPUTY THE EXAMINER: This certificate should be executed within 24 hours after death. If any sy is necessary, please execu certificate, writing the word "pending" in pend; in Item 18. Give Pages 1, 2, and 3 to the factor. Page 4 should be 1 rided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refair your files.

TO PURERAL EIRECEME: Page 3 shauld be used as a Burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

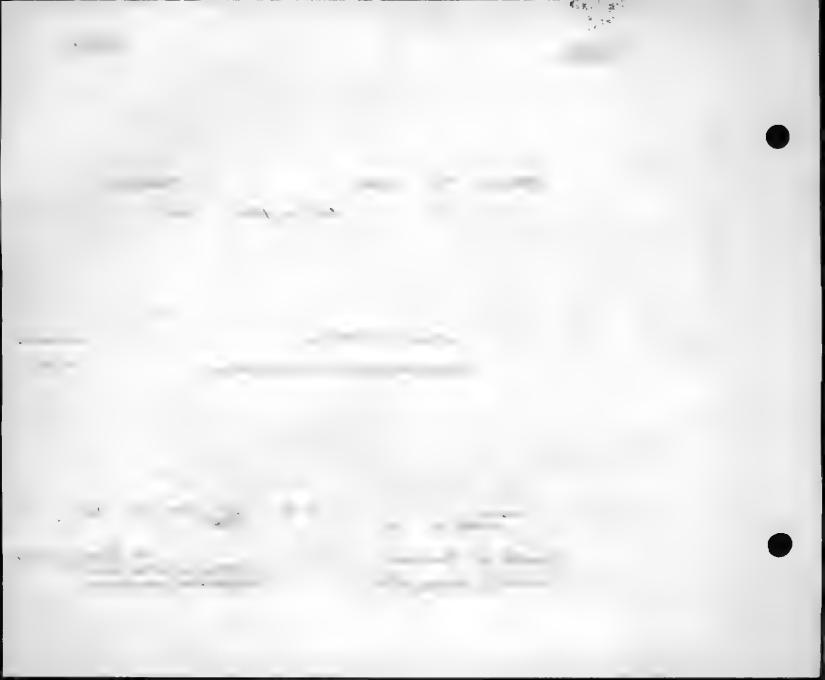
VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1514 04303 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04305

	02000					O A O	
1.	PLACE OF DEATH		2. USU	TAL RESIDENCE Who	ra decaased livad, If instit b. COUNTY	ution: Residence be	ifore admission)
	Washington b. CITY OR TOWN of outside comporate in write RURAL and give nabrest town		AY IN 16 C. C.	aryland		shington	
]	Hagerstown Maryl	and 60 yrs	ress i d S	agerstown REET ADDRESS	Maryland	- /-	IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or pani) Ash		Jack	459 Plark	TE Month	Day	s
5.	SEX 6, COLOR OR RA	CE 7. MARRIED _ NEVER MARRI	ED 8. DATE O	FBIRTH	9. AGE (In years of U	www.	INDER 24 HRS.
	Male Colored	,		- 2002	85 уп.	<u>_1</u>	
do	s. USUAL OCCUPATION (Give kind of wind during most of working life, even if rel Laborer FATHER'S NAME	Private fai	mily Ra	THPLACE (State or foreign Ppahannock HER'S MAIDEN NAME		USA.	HAT COUNTRY?
15.	Martin Jackso was deceased ever in u.s. armed for			anie Grig	sby	37 0	~ .
{Y:	ps, no, or unkown) (Ifyes give war or dates: 10 18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED BY)	ofservice) 216-14-51(pre-causa par lina for (a), (b), and (67 Mrs. I	Kathryn G.		rrisbur	MIT ST Cg. Pa. Ni BÉTWEEN AND DEATH
	14201 DUE 1	(a) (oronary				In	me L_
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	TO ,	teriosch	eroon Y	arterio.	2.5	- mh
ATION	PART II. OTHER S.GN FICANT CON		TH BUT NOT RELATED		ASE CONDITION GIVEN I		AS AUTOPSY PERFORMED?
CERTIFIC,	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	2Db. DESCRIBE HOW INJURY OF	CCURED. (Enter nelure	of injury in Part I or Pert	II of item 18.)	(13	
MEDICAL	20c. TIME OF INJURY Month Day Hour a.m. p.m. 19	Year 2Dd, INJJRY OCCURRED While Not While at work at work		JRY (Home, farm, 2Df office bldg., etc.)	(C'ty or town)	(County)	(Stata)
	21. I certify that I took charge			itopsy . Inspect		===	ny opinion
	death resulted from: Natural	causes Accident		Homicide [_],	Undetermined mann	er	
	ACTUAL (7	O N/		CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXA		DETE	SIGNED
	SIGNATURE CHARLE	W # WO TH	M D	EPJTY MEDICAL EXAMIN		3-13	
				Address (Straat, city town			0/
	REMOVAL (Specify)		METERY OR CREMATO		CATION (C'ty, town, or t		(Stats,
1	ITIAL 3-15-1	967 Rose Hill	r demere:		erstown, M		
0	Yolm K Water -	Hagustown	Ind.	MAR 1 5	1967 fclia	res Judg	Ł
	I THE THE THE THE THE THE	The state of the s			<i>M</i>	8/	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04306 CERTIFICATE OF DEATH 04304 and completely filled in by the funeral a remove carbon papers. Pages 1 and 2 in any event, within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Washington b. COUNTY Maryland Washingto Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) Hagerstown, Md 60 yrs Hagerstown, Maryland .../ d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Western Maryland State Hospital 456 Park Place YES NO IX requires that the death certificate be executed within NAME OF Middle 4. DATE DECEASED (Type or print) march 13 1967 DEATH S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR I IF UNDER 24 HRS NEVER MARRIED lost birthday) Months Dovs Oct. 20, 1898 WIDOWED DIVORCED Male Colored 10o USUA. OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT pue Mill Rippon, W. Va. 13. FATHER'S NAME burial, cremation, or removal, Thomas Jones Laura Helms 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service)
Yes World War 1 217-10-3256 Mrs. Hattie Jones 456 Park Place. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH carcinomatosis IMMEDIATE CAUSE (o) signed by DUE TO beanchogenic carcinoma 7 mos Conditions, if any, which gove rise to immediate cause (a). DUE TO ed far use as the L of Health prior to b stating the underlying cause certificate has been 19 WAS AUTOPSY
PERFORMED?
YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) director, page 3 should be detact Hour 'o.m. While Not While foctory, street, office bldg, etc.) of work L 21. I certify that (I) (this hospital) attended the deceased from retained 22o. SIGNATURE 22b. DATE SIGNED STAFF RI MORCH 14/1967 ATTENDING MED DIRECTOR Victor L. Rames director, page should be filed 22d. ADDRESS Luesteen md. State Hospital 22c PHYSICIAN'S VICTOR L. Ramos, M.D. NAME (Type) Hagerstown, maryland 230. BURIAL CREMATION BURIAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 3-18-1967 Rose Hill Cemetery Hagerstown Md. 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	- 01
B 400 A	N 80
AR I	T Tal
4 (3)	JJ
	_
	430

CERTIFICATE OF DEATH

04307

					-
	1 PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, if institution R	esidence befare admission)
	a. COUNTY Washington	MARYLAND	o. STATE	Md. b. COUNTY	Wash.
	b CITY OR TOWN (If outside carparate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If	outside corporate limits, write RURAL a	nd give nearest town)
	write RJRAL ond give nearest fawn) Hagerstown	43 years	Hagerst	own	21-1
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital gi	ve street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
9	513 W. Howard St.		513 W.	Howard St.	AEZ NO
1	3 NAME OF DECEASED (Type or print) CLARENCE	SHARPE	KARPER	PERTI	ch 13, 1967
Н	S. SEX 6 CDLOR OR RACE 7, MARRIED	NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years IFL	JNDER 1 YEAR IF UNDER 24 HRS nths Days Hours Min.
	male white WIDOWED		April 28,	1885 81 yrs	
		ID OF BUSINESS OR	11 BIRTHPLACE (Count	ly & State, or fareign country)	12 CITIZEN DE WHAT COUNTRY?
	owner	usiness Lry business	Frankli	in Co., Penna.	COMINA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	I NAME	
	W. Edward Karpe	er		Della Laughli	ln
	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	OCIAL SECURITY NO. 17. II	NFORMANT	Address	
	(Yes, no, ar unknown) (If yes give war or dates at service))-44-6357 S	harpe D.	Karper, Perry	ville, Md.
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: , IMMEDIATE CAUSE (o)	Cardiac	arrest		- Chi ency York
- 1	MXUI DUE TO				towned drad
	Canditians, if any, which gave) (b)				in 17d -
	rise to immediate cause (a),	(()) (/ .	1 13	,
	lost. (c)	haterioschoon	e (Coronary	S Stran Diseas	2 1 byrano
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO				19 WAS AUTOPSY PERFORMED?
	OIM	My veas d	ial in face	From Och 1965	YES NO P
	200 ACCIDENT WAS UNDERLYING \(\square\) 20b. DESI	CRIBE HOW INJURY OCCURRED. (Enter noture of injury in	n Part I or Part II of item 18.)	1
	20% ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			, , , , , , , , , , , , , , , , , , , ,	
- 1	5 20c TIME OF INJURY Manth, Day, Year 20d INJ	JURY OCCURRED 20e PLAC	E OF INJURY (Home, for	rm. 20f. (City or lawn)	(County) (State)
	Hour a m. While	Ngt While facto	rry, street, affice bldg., et		(550))
	p.m. 17 garwork				
	21. I certify that (I) (this haspital) attend	ed the deceased from		19 51, to 3-13	
		<u>- ≥≤ 19.67</u> , ond thot	death occurred a	ot Z.36 A. M, from causes and	
	22o. SIGNATURE		ATTENDING (MED STAFE	26. DATE SIGNED
	Total It I Home Go		PHYS	DIRECTOR L PHYS, L	3-13-67
	22c. PHYSICIAN'S John H. Hornbak	er, H.D.	22d. ADDRESS	154 West Washing	ton St.,
П	NAME (Type)			Hagerstown, Md.	
1	23o BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVA-ISTUAL 3-15-67	Norland Ce	meterv	Chambersbur	Penna.
	24. FUNERAL DIRECTOR	ADDRESS	2Sa. R.S	APRY REGISTRANGE T 250. RESTA	
	Minnich Funeral Home,	Hagarstown	Md. DATE	ALTO 1991	ares Judges
	TOM THISTAL HUMB,	TYONG OF DECIMIL!	TATET . DALLE		<i>U</i> •

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundral director, mage 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, crematian, or removal, and if any event, within 72 hours after definit

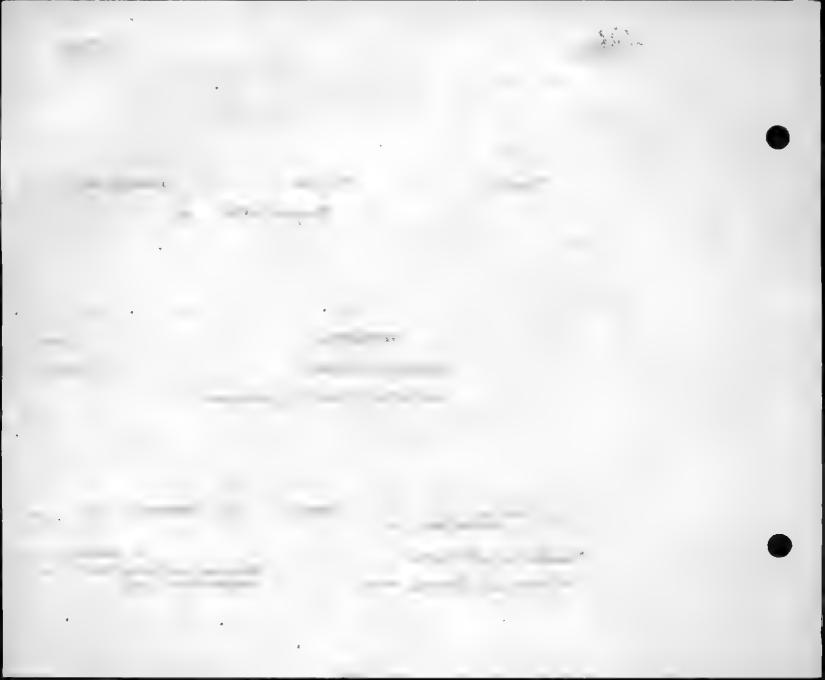
VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Teath. Page 4 may be retained by the haspital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

	DIAIDION OF AUNT	KECOKDS, 301 W. PRESTO	N SIKEEI, BALIIMU	JKE, MAKTLAND	21201				
04306		CERTIFICATE	OF DEATH		04	1308			
PLACE OF DEATH O. COUNTY Wa.	shington	MARYLAND	2. USUAL RESIDENCE (No. STATE	Md.	b. CDUNTY Pri	inceGeorge			
b. CITY OR TOWN (If outside of write RURAL and give near Hagerstown		c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If our Hyatts	·	write RURAL and gi	ve nearest town)			
d. NAME OF HOSPITAL OR INST		give street oddress)	d STREET ADDRESS			e. IS RESIDENCE DN A FARM? YES NO			
3 NAME OF DECEASED (Type or pant)	First Muetls.	Middle	Lost Efer	4. DATE OF	Month March	Doy Year			
S. SEX 6 CDLOR	OR RACE 7. MARRIE	D NEVER MARRIED 8	BATE OF BIRTH AUG. 16, 18	9 AGE (In	years IF JNDEF				
100 USUAL OCCUPATION (Give kind during most of working life even if	of work done 10b.	KIND DE BUSINESS DR INDUSTRY	11. BIRTHPLACE (County Williams	& Stote, or foreign coun		ITIZEN OF WHAT OUNTRY?			
13. FATHER'S NAME Hen:	ry Ward		14. MOTHER'S MAIDEN I		ca Keef	er			
15. WAS DECEASED EVER IN U.S. AF (Yes, no, or unknown) (If yes give	MED FORCES? wor or dotes of service)		FORMANT S. Christi	ine Hope	Address Mt.Raj	inier. Md.			
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one couse per line USED BY: EDIATE CAUSE (o)					INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave is rise to immediate couse (a), (b) nephro sclenesis									
stoting the underlying coulost		arteriosche		ekal		"			
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PAR	T I(o)	19 WAS AUTOPSY PERFORMED? YES NO F			
200 ACC DENT WAS UNDERLYN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	F DEATH	DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in	Port or Port of ite	n (8)				
20c. TIME DF INJURY Month Haur o m. p.m.	, Doy, Year 20d What was	ork O of While O facto	E DF INJURY (Home, form ry, street, office bldg., etc.)		,	ounty) (State)			
21. I certify that (l) (th is hospital) atte alive an <i>Mance</i>	ended the deceased from	death accurred at	966, ta Ma. 7,63 pM, fram	eck 20 , 190 causes and an	62 , that <u>(1) (***</u>) lo the date stated above			
220. SIGNATURE	tor L. La	mee, M.D	* 117 -01	MED. ST/DIRECTOR PH	YS. X M	DATE SIGNED DRCK 21,1967			
22c PHYSICIAN'S		amus, m.D.	22d. ADDRESS EU	estren mi	dishite h	repine.			
PENOVAI (Specify)	23b. DATE THEREOF 3-23-67	23c NAME OF CEMETERY OR C		23d LOCATION (C	ity or Town) 1stone,	(County) (State) Md •			
24 Minnich Ful	neral Home	Hagerstown,			25b REGISTRARS				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04307 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Washington o. STATE Maryland Page MARYLAND delay portment b CITY OR TOWN (floutside corparate limits € JENGTH OF STAY IN 16 c. C.TY OR TOWN (If outside corporate imits write RURA, and give nearest town) Hagers to Win R 11 Years after Hagerstown R d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Salem Church Road Salem Church Road YES NO in pencil in rem_18. Give Poges ate haurs ofter death 3 NAME OF Middle First DECEASED KING SAMUEL CALVIN Jr March 28 1967 (Type or print) DEATH olong w.th.w AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED XX NEVER MARRIED 8 DATE OF BIRTH lest birthdoy) White DIVORCED Male WIDOWED event 11 BIRTHPLACE (State or foreign country) 1Da USUA, OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT IDb K ND OF BUSINESS OR during most of working life eyen if refired)
Stone Mason Employed Hakerstown Wash Co Md. any pages in any Examiner This certificate should be executed with n 13 FATHER'S NAME Springer Ellen Mary Samuel C. King Sr pub IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address R#4 (Yes, no, or unknown) (fyes give wor or dotes of service) farwarded to the Chief Medical permit removal, 214-09-9945 Mrs Mary A King Hagerstown Md Salem Church Road NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) Instant burial-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Gunshot Wound Of Head (Self Inflicted) JO. writing the word burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stat ng the underlying couse O rast WAS AUTOPS PERFORMED? PART ILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO þe 2 should be 2Do EXTERNAL CAUSE WAS PRIMARY DECOR CONTRIBUTING □ prior 20b DESCRIBE HOW IN. JRY OCCURRED (Enter nature of injury in Port 1 or Port II of Item 18) 3 should AL EXAMINER: CAUSE OF DEATH Self inflicted gunshot wound of head. designated agent, 2Dc. TIME OF INJURY Month Dov. Year 20e PLACE OF INJURY (Home form, 2Df (City or town) (County) (State) Wh le Not While foctory, street, office bidg, etc.) at work at work Hagerstown. Washington. Inspection oc Inquiry . 21 I certify that I taak charge of the remains described above, held an Autopsy ... and in my apinion funeral directar. Suicide 🔀, Homicide 🔲 Undetermined manner [death resulted fram-Natural causes . Accident . CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY 5 may be TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER (50) 3-30-67 **EXAMINER'S** Address (Street, city, town, or county) Hagerstown. Md. the 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Rose Hill Cemetery Hagerstown Wash Co Md 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) DAPR 6M 1/66

CERTIFICATE OF DEATH 04308 The law requires that the death certificate be executed within 24 haurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Washington Washington MARYLAND within 72 hours after b CITY OR TOWN (If autside corporate limits, write RUSAL and give nearest town) € LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 2 Weeks Hagerstown Hagerstown e IS RESIDENCE ON A FARM? .⊑ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS GarlockMMemorial Home 714 George YES NO X 3. NAME OF DECEASED (Type or print) and/campletely fi Middle 4 DATE First Year KLINE 30 1967 MARY TRENE March 19 DEATH S. SEX 9 AGE (In years IF UNDER YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED XX NEVER MARRIED 8 DATE OF BIRTH Jost birthday) Months Haurs White "emale March DIVORCED and in any WIDOWED 11 BIRTHPLACE (County & State, or foreign country) IVI.C. 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Westminster Carroll 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, ar removal, Valana McKane Jesse Fritz IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes as, ar unknown) (If yes give war ar dates of service) S. Aline 714 George St 220-16-3797 Frisby Hagerstown Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)". DUE TO burial, Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO has been s se as the t th priar ta b stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health r NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for u ATTENDING PHYSICIAN: 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH director, page 3 shauld be detached shauld be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) factory, street, affice bldg , etc.) Hour a.m. Nat While at work 21. I certify that (I) (this hospital and and the deceased fram at 5,00 PM, from causes and an the date stated above saw the deceased alive an and that death accurred 22b. DATE SIGNED 22a SIGNATURE 3/31/67 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Donald E. Martin, M.D. 418 N. Potomac St., Hagerstown, Md. 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Hagerstown Wash Co Md Rose "ill Cemetery Hagerstown Md. Coffman Funeral 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR VR A15 (4) 25M 1/67



FOR S	TATE	ł		04309	MEDICAL	EXAMINER'S	CERTIFICATE (OF DEATH	04311
IEAL/H	DEPT.			LACE OF DEATR COUNTY					tution Residence before admission)
는 모(영	1/0/		(WASHINGTON		MARY_AND	a STATE (VEST	VIRGINIA	DUNTY
و د چ چ د چ	- 5		ŀ	CITY OR TOWN (If autside carparate limits,	c LEN	GTH OF STAY IN 1b		utside carporate limits, write R	RURAL ond give nearest tawn)
on an	ļ.			write RURAL and give nearest town) HAGERSTOWN			MART	INSBURG	85-3
0 2, n	ерс	أ	(NAME OF HOSPITAL OR INSTITUTION (I not n	haspita , give stree	et address)	d. STREET ADDRESS		PITAL B IS RESIDENCE ON A FARM?
Es l forn	State Depart	79		WASHINGTON COUNTY HO	SPITAL		U.S. VETER	ANS ADMINISTR	
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ter de Give Ing w	₹	Į		(ype or print) DAVID		IF.	I DUAN	OF DEATH MARCH	
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	Mark .			TALL WILL	IDOWED		UNE 29, 192	3 43 yrs	
homrs Item 1 Off ce	I be			USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired)	106 KIND OF B NDUSTRY	SUSINESS OR	II BIRTHPLACE (State	ar foreign country)	12 CITIZEN OF WHAT COUNTRY?
25 4.5	es Se	1		ENGINEER	HOSPIT	TAL MAINT.	NEW YOR		USA
within in penci.	pages urs of	- [13	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
wit pel xan	File 2 hou			ABRAHAM LEIDMAN			JENNIE R		
	II. F		15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) [(If yes give war or dates of ser	16 SOCIAL S	/	INFORMANT	Ado	FOREST HILLS NV
ecu ling edic	permit.	ļ	-	VES W.W. 11			CHWARTZ BRO	S. 114-03 QUE	FOREST HILLS, NY
end f M	# # *			 CAUSE OF DEATH (Enter only one cause p PART I DEATH WAS CAUSED BY 	er line for (b),	and (i)	01 4	T	INTERVAL BETWEEN ONSET AND DEATH
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hould be executed word "pending" in the Chief Medical	as a bunal-tronsit permit. File pages on on in any event within 72 hours ofter	-/-		Canditians, if any, which gave 3		Rudi	00 LI M	altiple Fra	this for
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certificate s writing the orworded to	as a ond i			stating the underlying cause (c)				14	
ilitir Social		1		PART I OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH	H BUT NOT RELATED TO	THE TERM NAL DISEASE CO	INDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
e, w forv	your files. Page 3 shauld be used cremation, or removal,	2	CERTIFICATION			-		,	PERFORMED?
Thi copie	d be remo	i	EE	20a. EXTERNAL CAUSE WAS	206 DESCRIBE H	HOW INJURY OCCURRED	(Enter nature of injury in	Part I ar Part II of Item 18)	
ertif eld	files. 3 shauld ion, or r		CER	PRIMARY 12 or CONTRIBUTING CAUSE OF DEATH	Head	on coli	ison n	the oncom	Eun car
Sho	file 3 sh tion		MEDICAL	20c. TIME OF INJURY Manth, Day, Year	20d INJURA O		CE OF INJURY (Hame, far	m, 20t (City or town)	(County) (State)
e 4	our age	21	ME	3/3 pm 3-/61967	While at work	at While at work	ow, sweet office bidg , ric	Williamy	hout Word My
ecut Pag	2. C.			21 I certify that I took charge of			ld an Autapsy	Inspection /	quiry , and in my apiniar
e X	birector: birector: to burial,					ccident 4, Suic			
rect	farne VIRE to bi			ACTUAL 5	/ >	1 0	CHIEF MEDICA	L EXAMINER	
2 % p	ret or t	- 1		SIGNATURE TO THE SIGNATURE	Jule	2/		DICAL EXAMINER	3/1/22, DATE SIGNED
dry ner	ERA Pri	4		EXAMINER'S TO FI	11 77	ATT 2		A. EXAMINER	-/1967
ress e fu	5 may be re O FUNERAL I Heolth prior	d	220	BURIAL CREMATION. 23b DATE THEREO	23c	NAME OF CEMELAL OR		23d LOCATION (City or	Tawn) (County) (State)
TO nece	2 P =		2311	REMOVAL (Specify)	1.654	TTT TT A	CALMATONT		, LONG ISLAND, NY
		-	24	BURTAL 3/19/67 FUNERAL DIRECTOR	LMON	ADDRESS ORE	25g .REC	D BY REGISTRAR - 25b/	TESTEARY AGNAL SEARS
	15ME (5) 4 1/67			SOL LEUTHSON & RPOS	TNC 60	OLO REIST.	_ 1.444.5	(21 1961 /	



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04310

CERTIFICATE OF DEATH

04312

	_							_					
		PLACE OF DEATH							Vhere de	ceased lived, if institution		before odm	ission)
		a. COUNTY	Washingt			MARYLANO		o. STATE Ma:	ry1	and b. COUNT	Wa	shin	gton
	1	CITY OR TOWN (f outside carporate limits		c. LENGTH	OF STAY IN 16	7	c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest tawn)					1)
			own					Hagerstown					
	-{	d NAME OF HOSPIT	AL OR INSTITUTION (If no	it in hospital, g	ive street o	ddress)		d. STREET ADDRESS				e IS R	ESIDENCE A FARM?
" Carlow			ton Count					402 Lib				YES [NO 🗆
		NAME OF DECEASED	Fil		-	Middle		Last	4 DA			Day	Year
		(Type or pant)	Fred		Lee			baugh		ATH March	8		19 67
	5, 3	SEX	6 COLOR OR RACE	7. MARRIED	NEVI	ER MARRIED	В	DATE OF BIRTH			IF UNOER 1 Y	ear IF UN	IOER 24 HRS.
	-	ale	white	WIDOWED		DIVORCED		8-26-14					
	10a dəri	USUAL OCCUPATION	(Give kind of work dane		ND OF BUSI Oustry			11 BIRTHPLACE (County			12. CITIZE	EN OF WHAT TRY?	ĺ
	S	ng most of working alesman		be	auty	supp1y	7	Hagerst	own	, Md.			
	13	FATHER'S NAME						14. MOTHER'S MAIDEN N	AME				
		Fred L	ushbaugh					Maude B	owa	rd			
			R IN U.S ARMED FORCES? (If yes give war ar dates o		SOCIAL SECU	IRITY NO. 17	. IN	FORMANT		Address			
		no	(ii kez dise wai ai aaiez a	2	14-0	9-799B		June Lush	bau	gh Hager	stown	, Md	
			ATH (Enter anly one cau	se per line far	(a), (b), an	d (c))	_	<u>-</u>				INTERVAL	BETWEEN
		PART (DEAT	H WAS CAUSED BY	(a) Pulm	onar	y embol	li	sm with i	nfa	rction	2	ANSET AN	D DEATH
		4314	DUE							· · · · · · · · · · · · · · · · · · ·			
		Conditions, if any,				end ocar	d	itis with	CO	ngestive	Ind	lefin	ite
		rise to immediat stating the under		Tofail	ure	· · · · · · · · · · · · · · · · · · ·							
	Н	last.	· · ·	(c)									
	_	PART 11. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BI	JT NOT RELATED TO	0 Th	IE TERMINAL DISEASE CON	IDITION	GIVEN IN PART 1(o)		19. WAS /	UTOPSY
e"	Medical certification		•									19. WAS A PEREC YES 25	NO T
	FIG	20g. ACCIDENT WAS	UNDERLYING []	205. DES	SCRIBE HOW	INJURY OCCURRE	D. (E	nter noture of injury in I	Port I or	Part II of item 18.)			
	GRI		CAUSE OF DEATH MEDICAL EXAMINER)										
	3		IRY Month, Day, Year	20d IN	JURY OCCU	RREO 20e. P	LACE	OF INJURY (Home, farm	. 20	Of. (City or town)	(Count	v)	(Stote)
	띺	Hour o.n	n. 10	While		Vhile f		y, street, office bldg., etc.)					
		21 Leophi	fy that (I) (this has	at wark			I	arch 1	066	, to Farch	3 10 6	Zthat (I) (wa) last
		saw the di	eceased alive an M	arch	81	967, and th	nat	death accurred at		M, fram causes at			
		22o. SIGNATURE	001	1)				ככי	4.	22b. DATE	SIGNED	
			TILL	next			M.D.	PHYS.	MED DIRECTO		_ ′	0/67	
		22c. PHYSICIAN'S NAME (Type)	В. В. К	moi-1.		8 T)		22d. ADDRESS	148	West Wash	ningt	on S	t.
/	02			neisle		1,D.	0.0	Hagerst					
	230	BURIAL, (REMATIC REMOVAL (Specify DUTIAL	ON, 23b. DATE THE		1	ME OF CEMETERY O			230	LOCATION (City or Town		ounty)	(State)
	24	. FUNERAL DIRECTO		0/		ODRESS	U	emetery	BY REC	Hagerst		Md.	
	_		Funeral	Homo		erstown		MAR 12504 RECO	67	Junes	RAR'S SIGN	a ,	
		PLIMITED	runeral	HUMB	THE PERSON	GISCOWN		IVIVI . I DAIL		0 1 ()	U		

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending Invisition and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after deat Page 4 may be retained by the bosnital or attending physician Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL DESCARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

		- 1			DIVISION OF STATISTICAL RESE	ARCH AND RECORDS, 30	I W. PRESION SIND	EI, BALIMORE, MAKI	LAND 21201
	AM	1		04311		CERTIFICATE	OF DEATH		04313
	By the attending physician and camplerely Nied in by the tuneral transit permit. Then please remaye cachop papers. Pages I and crematian, ar temayal, and in any event, within 72 haurs after death	7		LACE OF DEATH O. COUNTY	Washington	MARYLAND	O STATE	Where deceased lived, if institute b. COU	tion Residence before admission) INTY Washington
	aft ges	1	ŧ	CITY OR TOWN (I	If outside corporate limits,	C LENGTH OF STAY IN 16	c CITY OR TOWN (IF or	itside corporote limits, write RL	iRAL and give nearest town)
	Pag aurs			write RURAL onc	d give neorest town) Aagerstown	25 yrs.		erstown	21.1
	= 2°;5 =	m/s	(AL OR INSTITUTION (If not in hospital,	_	d. STREET ADDRESS	C 44 14 C.	e IS RESIDENCE ON A FARM?
-	B B E	19			igton County Hosp		"	5.Mulberry St	YES NO X
7	<u>}</u>	,		NAME OF DECEASED	First	Middle	Lost	4. DATE Mor	
1	e d'e		(Type or print)	Virginia	Catherine	Martin	DEATH March	
	camp nave		S. S	Temale	6 COLOR OR RACE 7 MARRIED White WIDOWED		B. DATE OF BIRTH Danwary 5,19	9 AGE (In years lost birthday) 50 yrs.	Months Doys Hours Min.
	ren n ar		10o	USUAL OCCUPATION		CIND OF BUSINESS OR		& State, or foreign country)	12. CITIZEN OF WHAT
	ase nd I		duri	ng most af working House	life, gvan if retired)	NDUSTRY Home			COUNTRY?
	S =		13.	FATHER'S NAME			Hagerston 14 Mother's Maiden	NAME	
	er Phier				Robert E. Ruby		Grac	e A.Goetz	
	E E		15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 J	NFORMANT	Add	ress Md.
	tten rmil , ar		(18	No	(If yes give wor or dotes of service)	14-09-0303 C.E	dgar Martin	122 S.Mulber	ry St. Hagerstown.
	the a sit pe natial			1B. CAUSE OF DI PART I. DEAT	EATH (Enter only one couse per line fo TH WAS CAUSED BY				INTERVAL BETWEEN
ď.	ran cren			: 71X	IMMEDIATE CAUSE (o)	arc) noms	10513	00	, ,
ysid	73 1 5			Conditions, if any,	, which gave) (b)	deus. Can	Dinomis	a & Bu	195t 2443
-ط -	signe burial burial			rise to immediat	e couse (a),			1	
ding	as the priarta			lost.	(c)			<u> </u>	
tten	has b ie as h pric	,	z	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRIBUTING		THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
		- /	SATIO		Wein				YES NO
ţ.	certificate hed far u st. af Heal		CERTIFICATION	20o. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH 205. C	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
aspi	hed hed			(IF EITHER, NOTIFY	MEDICAL\EXAMINER)				
h er	this certi detached e Dept. al		MEDICAL	20c. TIME OF INJU Hour our	m. Whi	e Not White foct	CE OF INJURY (Home, farm ory, street, office bldg , etc.		(County) (State)
~	G 00 G		~	pr		rk U ot work U	15:	1957 to Manch	25-10/-71 /11/2
ed t	DIRECTOR: After t ge 3 shauld be de led with the State			21. I certi	fy that (1) This hospital) atter	nded the deceased fram_s		1957 to Nauch	and on the date stated abave.
tain	2 5 ±			220_SIGNATURE	ecensed dilive di	17 10 2, dila 1110	r godin occorred di		225 DATE SIGNED
9 19	3.5.5.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.				Mornins	M.M	D PHYS	MED. STAFF DIRECTOR PHYS.	3-27-67
	- 07			20 PHYSICIAN'S		· V -+-	22d ADDRESS	1 0	+ 11/
T T	O FUNEKAL directar, pa shauld be f			NAME (Type)	11.P. 109.	711	100/11/17		IMO]
ge 4	D FUNER director, shauld b	0	230	BURIAL, CREMATIC REMOVAL (Specify	A ·	23c NAME OF CEMETERY OR		23d LOCATION (City or To	
2	ຂ້⊽ົ∩	1/1	0.1	SUMAGI	3/28/6/	Rest Haven C		Hagerstown	Washington, Md.
٧	R A15 (4) \	7,		FUNERAL DIRECTO	on Juneral Chanel				liantes Signature
2	2 M 1/00	13/	i i	PAA. KIGDE	IN TUNEAUL CROBEL	NULLE TOUCH WILL	rrsom Dill't\\	WU WOI /	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

r

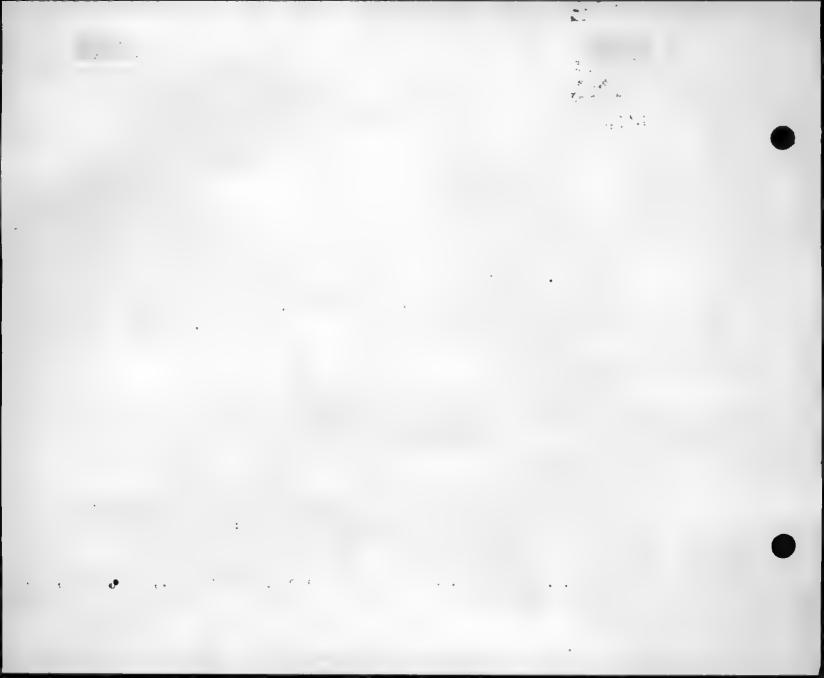
	04312		CERTIFICATE	OF DEATH	043	14		
	PLACE OF DEATH	*			Where deceased lived, if institution Resider	nce befare admission)		
	Washin		MARYLAND	Maryland				
	write RURAL ond	f outside corporote limits, give neorest town) STOWN	c. LENGTH OF STAY IN 16		utside corporate firmits, write RURAL and giv	ve neorest town)		
L			8 Days		gerstown	11/ 211		
		AL OR INSTITUTION (If not in hos		d. STREET ADDRESS	2.7.1	e, IS RESIDENCE ON A FARM?		
L	wasning	ton County H	TOSDITET	351 Br	ookline Ave	YES NO 🔀		
3	NAME OF DECEASED (Type or print)	FREDERICK	MERLE MAYI	HUE	OF March 6 19	12		
S.	Male	6 COLOR OR RACE 7 MAR White WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	oct 21 19	O5 9 AGE (In years IF UNDER Months Yrs.	Doys Hours Min		
10c dur	USUAL OCCUPATION	(Give kind of work done life, even if retired) WOIKEI	ob. KIND OF BUSINESS OR HOUSTRY Child Co.	11 BIRTHPLACE (County		TIZEN OF WHAT		
	FATHER S NAME			14. MOTHER'S MAIDEN				
	Henr	y W. Mayhue		Amand	la E. Hoover			
15			16 SOCIAL SECURITY NO 17	INFORMANT	Address			
(Y	es, no, or unknown) VO	(If yes give wor or dates of service)	217-32-6181 J	ames F. Ma	yhue Paradise Ch	nurch Rd		
	Conditions, if ony, rise to immediate stating the under lost	e couse (o),	Monchiogen	i Carc	erons.			
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS A_TOPSY PERFORMED? YES NO							
MEDICAL CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of Item 18)			
MEDICAL	Hour o.n	n. 19	While Not While for	ICE OF INJURY (Home, form tory, street, affice bldg., etc.)	ounty) (Stote)		
	21. I certif	y that (I) (this haspital) o	attended the deceased fram _	July 19	1966 to March 6, 19	67, that (I) (we) las		
		eceased alive on Mar	ch 6 19 67 , and the	t death occurred at	7:05PM, fram causes and on t			
	220. SIGNATURE	A	- Lee "	ATTENDING	MED. STAFF 22b D	DATE SIGNED		
		In omer	M.	D. PHYS.	DIRECTOR PHYS.			
	22c. PHYSICIAN S NAME (Type)	A.M. Mandell	M.D.	22d ADDRESS 119 E. A	ntietam St., Hager	stown, Md.		
	o. BURIAL, CREMATIC REMOVAL (Specify	3/9/67	23c NAME OF CEMETERY OR Cedar Lawn	Mem. Park				
2	4 FUNERAL DIRECTO				D BY REGISTRAR 25b REGISTRAR 5			
	Andrew	K. Coliman I	Funeral Home I	nc MAR	10 1967 Schanle	year at		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Page 4 may be retained by the hospitol or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician <u>and completely filled in by the funeral</u> director, page 3 should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 And should be filed with the State Dept. of Health prior to burial, cremation, or removal, and taken event, within 72 hours ofter the dept.



VR A15 (4) 7 20 M 1/66

The low requires that the death certificate be executed within 24 haurs at

ATTENDING PHYSICIAN:

24. FUNERAL DIRECTOR

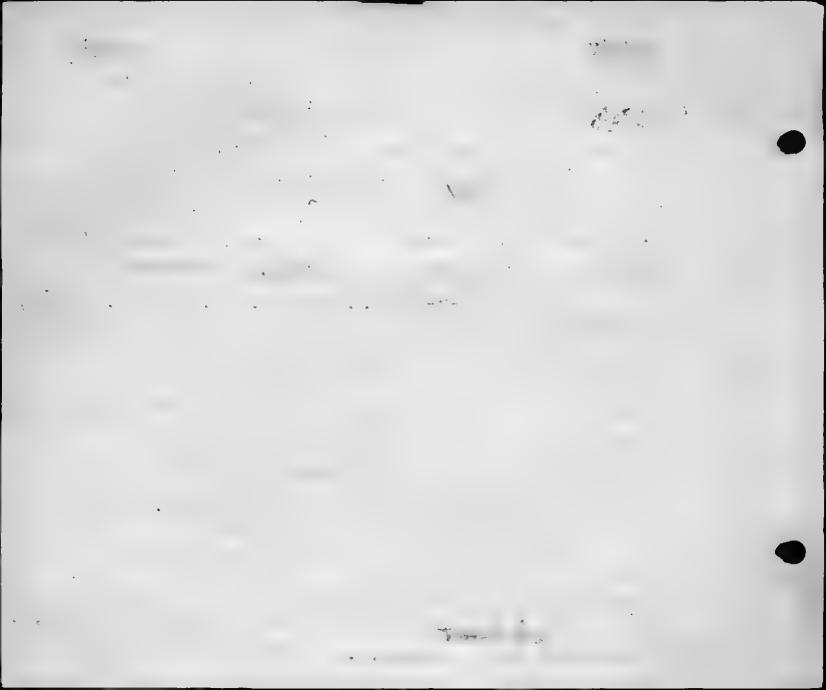
ADDRESS

RURAL HANGOCK WASH.



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before admission) e. COUNTY b. COUNTY A by the and 2 (seeth MARYLAND CITY TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 TOWN outside corporate limits, write RURAL and give hearest town) ٥ and give neggest town) 24 after .⊑ ⊤ within Pages filled in hospitel, give street/eddress) d. STREET e. IS RESIDENCE hours ON A FARM? YES NO completely papers. NAME OF Yeer DECEASED OF DEATH (Type or print) 19 withi carbon 6. COLOR OR RACE 7. MARRIED S. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED and lest birthdey), Months Days Hours WIDOWED K DIVORCED certificate physician ever ever 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY of foreign country done during most of working life, even if retired) attending pl 13. FATHER E MOTHER'S MAID! death and Then Address (Yes, no, or unkown) | (If yes give we ror detes of service .R.Beachley Sr. 227 Prospect St. Hagerstown the 213-18-0538 permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ò 0 IMMEDIATE CAUSE (e) **burial-transit** cremation. **DUE TO** Conditions, if eny, which been (b) geve rise to immediate cause **DUE TO** (e), steting the underlying burial couse lost. the PHYSICIAN: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION Se 2 PERFORMED? prior NO K USB 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) ٥ OR CONTRIBUTING [] CAUSE OF DEATH After this Health (IF EITHER, NOTIFY MEDICAL EXAMINER) defached ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or lown) [County] (State) fectory, street, office bldg., etc.) While Not While refaired Hour e.m. ö et work el work Dept. DIRECTOR: ş ..., 19.6.../that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from. plnous State ..., and that death occurred at MEZirom the causes and on the date stated above. saw the deceased alive on Hand May 22e SIGNATURE 22b. DATE ATTENDING ന PHYS. DIRECTOR director, page 3 TO HOSPITAL M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Church Of Brethern Cemetery Beaver Creek, Washington, Md. ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Hagerstown Md. Chanel 20M 5-63

DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04315 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 hours after death filled in by the funeral papers. Pages 1 and 2 thin 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY WASHINGTON O. STATEMARYLAND o COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside corparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give pegrest town) WKS HANCOCK e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled ST. COUNTY W_MAIN WASHINGTON HOSPITAL YES NO K NAME OF Middle First Lost DATE Month Year completely DECEASED
(Type or print) 18 67 MARGARETTA RUTH MCKINLEY 19 DEATH burial-transit permit. Then please remove co burial, cremation, or removal, and in any even IF UNDER 24 HRS S SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED 5 of birthdoy) Days Hours .26,1908 WIDOWED DIVORCED 105 KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) U.S.A physician c dupgroup Steworking Historican if retired) INDUSTRY HANCOCK MARYLAND 14. MOTHER S MAIDEN NAME 13. FATHER'S NAME JOHN W WHORTON BEULAH BARNHART IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address MD. (Yes, no or unknown) (If yes give wor or dates of service) 220.26.0632 A HART MCKINLEY W.MAIN ST. HANCOCK INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) the signed by the burnal-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Brigh until Metas Vases IMMEDIATE CAUSE (o) by the nospital or offending physician. DUE TO Conditions, if only, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse be detached for use as the State Dept. of Health priar to DIRECTOR: After this certificate hos been (c) WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CATION NO YES OR ATTENDING PHYSICIAN: 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (State) Hour o.m. factory, street, office bldg , etc.) Not While of work 21. 1 certify that (1) (this hospital) attended the deceased from 19 604 be retained director, page 3 should shauld be filed with the PM, from causes and on the date stated above. saw the deceased alive on. 1947, and that death accorded at 433 22o SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. ADDRESS O HOSPITAL TO FUNERAL NAME (Type) 998 Potomac Ave., Hagerstown, Md. Dalton 23c. NAME OF CEMETERY OR CREW 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) 23o BURIAL, CREMATION (County) RURAL HANCOCK WASHINGTON .21.67 MT OLIVET 24. FUNERAL DIRECTOR ADDRESS 2So REC D BY REGISTRAR 2Sb. REGISTRAR'S S'GNATURE VR A15 (4) 25M 1/67



5M 1/69

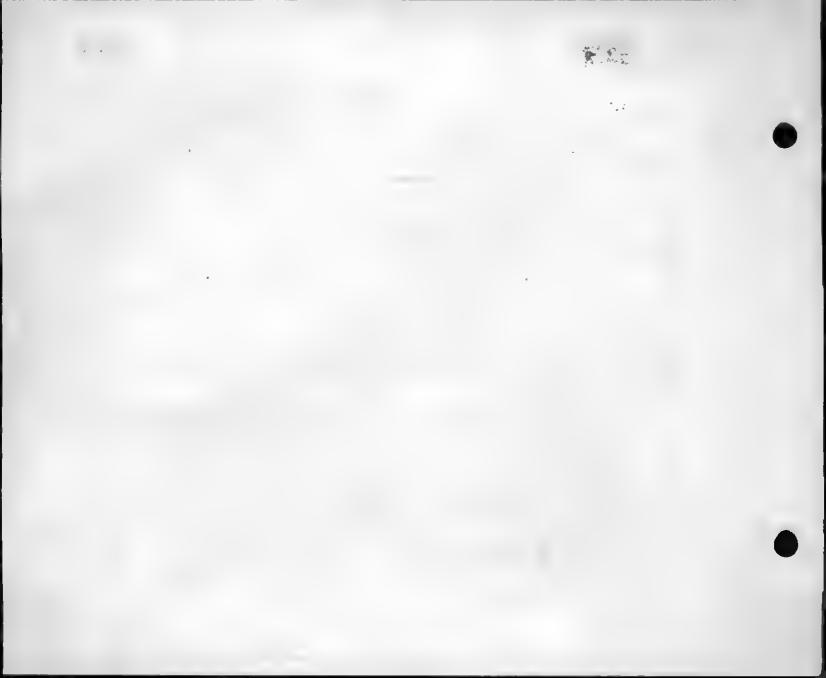
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0.1219

-	14316	F14 4 10 10			2	17916	
•	I. PLACE OF DEATH		,)	IDENCE Where	deceased lived, If instr	tution: Residen	ce before edmiss.on)
	Tale oh i samb	RYLAND	e, STATE	Maryland	b. COUNTY	Washin	gton
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TO	OWN (If outside ear	porate limits, write RU	RAL end give r	neeresi town)
	Hagerstown D. O	. A	Rural	Williams	port	21	-/
V 2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street of	ddress}	d. STREET AD	DRESS			o, IS RESIDENCE ON A FARM?
7	Washington_County Hospital D. O.	A	Mt. Ta	anmony			YES NO]
	3. NAME OF First Middle DECEASED	0	Lest	4. DATE	Month	Day	Year
1	(Type or print) Raymond Hersh	ey	Miller	Jr. DEAT	H March	17	1967
	5. SEX 6. COLOR OR RACE 7. MARRIED TO MEYER MA	RRIED 5	B. DATE OF BIRTH		9. AGE (In years IF I		IF UNDER 24 HRS.
		RCED 🔲 🖡	Dec. 23 1	922	1114 yrs.	2 Days	Hours Min.
	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS done during most of working life, even if retired)		RY 11. BIRTHPLACE	(State or loreign st	ountry)	12. CITIZEN O	F WHAT COUNTRY?
	Busoness Manager Lumber Co	•		Maryl	and	U.S.A	
	3. FATHER'S NAME		1 14. MOTHER'S M				
	Raymond H. Miller Sr.			Ankeney			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT (Yes, no, or unknown) (Ifyesgivewerordelesofservice)				ammorkydress		
	Yes World War #2 220 16 03	07 Mr	s. Marion	Miller	Williamspo	rt, Md.	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), er	d (c).j			rina d		ERVAL BETWEEN SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Fracture Sku	11					stant
-	DUE TO						
1	Conditions, If any, which) (b) Fracture Cer	vical	Vertebra_				
	gove rise to immediate cause (e), stelling the underlying DUE TO Fracture Rig	ht Fem	ur				
1	eause last. (c) Compound Fra	cture]	Right Elbe	OW	V1-10-11		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(e) 1	P. WAS AUTOPSY PERFORMED?
	\$					١	IES NO X
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 208. EXTERNAL CAUSE WAS PRIMARYXI OF CONTRIBUTING CAUSE OF DEATH.	OCCURRED.	. (Enter neture of inj	ury in Pert I or Pert	Il of item 18.)		
- 1	l dai struck or.						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRING While Not While 8 2 5 p.m. 3 17 19 67 et work et work		ACE OF INJURY (Hondory, street, office blo		ty or town)	(County)	(Stote)
/		U.	S. 81	Hagerst	own, Washi	ngton.	Md
	21. I certify that I took charge of the remains described	above, he	eld an Autopsy	. Inspection	Inquiry	and	in my op i nion
	death resulted from. Natural causes . Accident	X), Suic	ide 🔲. Hom	icide 🔲. U	ndetermined man	ner 🗌	
	TO TO		CHIEF ME	DICAL EXAMINER			
	ACTUAL SIGNATURE		M.D.	NT MEDICAL EXAMI		D	ATE SIGNED
2	EXAMINER'S			REDICAL EXAMINER		-18-67	
	NAME (Type) Dr. E. W. Ditto, J.	CEMETERÝ ČI	Address (:	Street, city, town, or	recounty) Hager	stown,	Md a (State)
ľ	REMOVAL (Specify)		netery		rstown Md.	***************************************	(3)010)
+	23. FUNERAL DIRECTOR ADDRESS				TRAR 246. REGISTE		TRE
	Albert L. Leaf Williamsport, Md	•		MAR 2 2 19	967 your	new for	digital
l.			1 07	*16	1 4		-V

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

UVI	04317	CERTIFICATE	OF DEATH	84:	319
ion, or removol, and in the sent, within 72 hours after degree	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where do state Maryla	nd b COUNTIVas	hington
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside car	parate limits, write RURAL and gr	ve neorest town)
SI I	Hagerstown	46 years	Hagerst	own	2. /
-	d NAME OF HOSPITAL OR INSTITUTION (IF not in h	aspital, give street address)	d. STREET ADDRESS		e IS RES.DENCE ON A FARM
1.9	Washington Coun	ty Hospital	1030 Main	Ave.	YES NO
3	NAME OF First DECEASED (Type or print) Daniel	Ellsworth M	lost 4. DA	March	28 167
1 3			arch 26 1902	Park frontisters) Manually	R 1 YEAR IF UNDER 24 HRS Days Haurs Min.
. <u>1</u>	Od. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired or eman Cabnet Shop	10b KIND OF BUSINESS OR WOUSTRY Organ Mfg.	11.BIRTHPLACE (County & State,	or foreign country) 12. C	ITIZEN OF WHAT OUNTRY?
	3. FATHER'S NAME	3	14. MOTHER'S MAIDEN NAME		
	John F. Mon	tgomerv	Nannie	F. Wade	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 1	NFORMANT	Address	
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates af servi	213-01-2401	Mrs. Grace	Montgomery,	Hagerstown
	1B. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY:				INTERVAL BETWEEN
		Endotoxic shock	ς		onset and death sudden
.	Conditions, if any, which gave)	conto muolement			
	ase to immediate cause (a)	acute pyeloneph	11.1012		sev. days
	stoting the underlying couse last.				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	DOTING TO DEATH DUT NOT DELATED TO I	HE TERMINA IN SEASE COMMITTION	COVEN IN PART I(a)	YZQOTI, A ZAW QI
1 3	Chronic nenhros	clerosis & pyel	onenhritis:	rteriosclero	YES X NO
/	20g ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED.			113 8 100
MEDICAL	D.111.	While Nat While facto	ary, street, affice bldg., etc)		ounty) (State)
	21. I certify that (I) (this haspital) saw the deceased alive an Fig. 1	attended the deceased fram and that	December 1900	, ta Fiarch , 19 M. from causes and on	67, that (I) (we) last
	220 SIGNATURE 2011	white MC	ATTENDING MED	72b	DATE SIGNED 28/67
	22c PHYSICIANS Howard N.	Weeks, M.D.	22d ADDRESS 580 1	orthern Aver	
2	30. BUR.AL, CREMATION, REMOVAL (Specify) 3-31-1	1967 Smithsburg	Cemetery 23d	ocalion (Cly or Town) mithsburg, N	laryland (Stote)
R 7	24 FUNERAL DIRECTOR 5	ADDRESS &	1740 250. REC'D BY REC		
7 . 1	11	AL. I	9/10 1 10000	4007 (1777. #	. 14



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04318

CERTIFICATE OF DEATH

04320

	0,404,			Uzc	
1.	PLACE OF DEATH		2. USUAL RESIDENCE (W	Where deceased lived, if institution: Reside	ence before admission)
	o. COUNTY Washington	MARYLAND	Maryland	Washington	
	D CITT OR TOWN IT OUTSIDE CORPOROTE HIMITS,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside corporate limits, write RJRAL and gr	ve neorest town)
	write-fill for and alve nearest town)	2 Weeks	Hager	stown	2/1/
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, of	· ·	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Washington County Hos	oi y al	1 West	Wilson Blvd	YES NOXXX
3	NAME OF DECEASED (Type or print) NANNIE PEARL	Moser-Lush	BAUGH		Doy Year 1967 19
S.	SEX 6. COLOR OR RACE 7. MARRIED 7. MARRIED 7. WILLIAM	NEVER MARRIED 1	B. DATE OF BIRTH Feby 15 1		Doys Hours Min.
10 du	o USUAL OCCUPATION (Give kind of work done 10b Ki ring most of working life evan if retired) IN HOUSEWIIE 01	ND OF BUSINESS OR DUSTRY HOME			USA
	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Soule J. Warrenfeltz		Clara	Palmer	
15	an an annual manual life and annual and a data of consider	TO COME SECONDA	NFORMANT	Address	
V.	es, no, or unknown) (if yes give wor or doles of service) 2:	20-46-6139 L	ester Lush	baugh 1 West Wi	lson Blvd
	18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CO	(o), (b), ond (c)) ronary occlu	Hagers sion	stown Md.	INTERVAL BETWEEN ONSELAND DEATH SUGGETI
	DUE TO				
ı	rice to immediate course (n)	sease	years		
	stoting the underlying couse lost. DUE TO				
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE (ON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES [X] NO
MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in f	Port I or Port II of item 18.)	
MEDICAL	Hour o.m. While p.m. 19 of worl	Not While toch	CE OF INJURY (Home, form ory, street, office bldg., etc.)		ounty) (Stote)
l	21. I certify that (i) (this haspital) atten saw the deceased alive an March	ded the deceased fram_	January, 1	958, to March, 19	67, that (I) (we) la
	220. SIGNATURE	20 11 61	ATTENDING -	22b.	DATE SIGNED /28/67
	22c PHYSICIAN'S NAME (Type) Howard N. Wee	00:12	22d. ADDRESS 5	80 Northern Ave	nue
23	O. BURIAL, CREMATION. 236 DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)
	BUILS 3/30/67	Rest Haven	Cemeterv	Hagerstown Was	sh Co Md.
2	4. FUNERAL PIRECTOR HASSESTOWN	ADDRESS	2So. REC'D	BY REGISTRAR 25h REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending plysician and manulety filled in by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. IN HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the duoth certificate be executed within 24 hours after degith Page 4 may be retoined by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

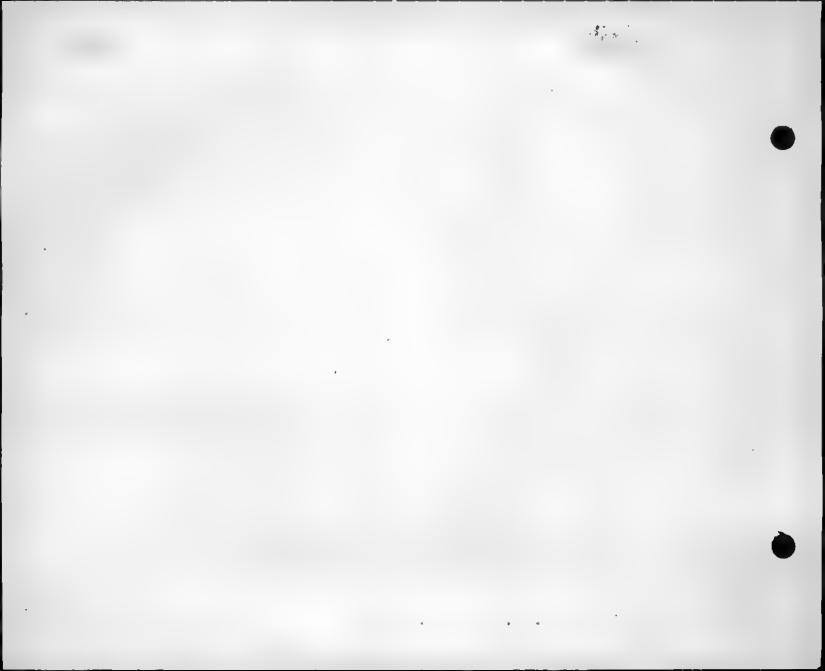


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04319 CERTIFICATE OF DEATH 04321 PHYSICIAN: Thm law requires that the death certificate bm executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON filled in by the fa b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERS TO N HRS HANCOCK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL RURAL YES NO 3 NAME OF First Middle 4 DATE Month DECEASED (Type or pont) CHARLES SIMMONS MUNSON 19 67 S SEX 6 COLDR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF LINDER I YEAR IF JNDER 24 HRS. NEVER MARRIED last berthdoy) Months Doys Hours JULY 8 1880 WIDOWED X DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during mast of welking the, even if retired) INDUSTRY HANCOCK MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN W MUNSON PLESANT SOMMONS IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, prugknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY ND 17. INFORMANT Address NORMAN R MUNSON RURAL 1 HANCOCK 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse has been detached far use as the te Dept of Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? TO FUNERAL DIRECTOR: After this certificate NO 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NDTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year Hour'o.m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) Not While O HOSPITAL OR ATTENDING 2). I certify that (I) (this haspital) attended the deceased from 9 - 2 - 1966, to 3 - 19 - 1967, that (I) (we) last saw the deceased alive an 3 - 19 - 1967, and that death accurred at 6 - 19 - 1967, and that death accurred at 6 - 1967, from causes and on the date stated above 3-19, 19,67, that (I) (*ve) last 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed v M.D. DIRECTOR ADDRESS 22c PHYSICIANTS noupen are Hogerstown NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) MT.OLIVET 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

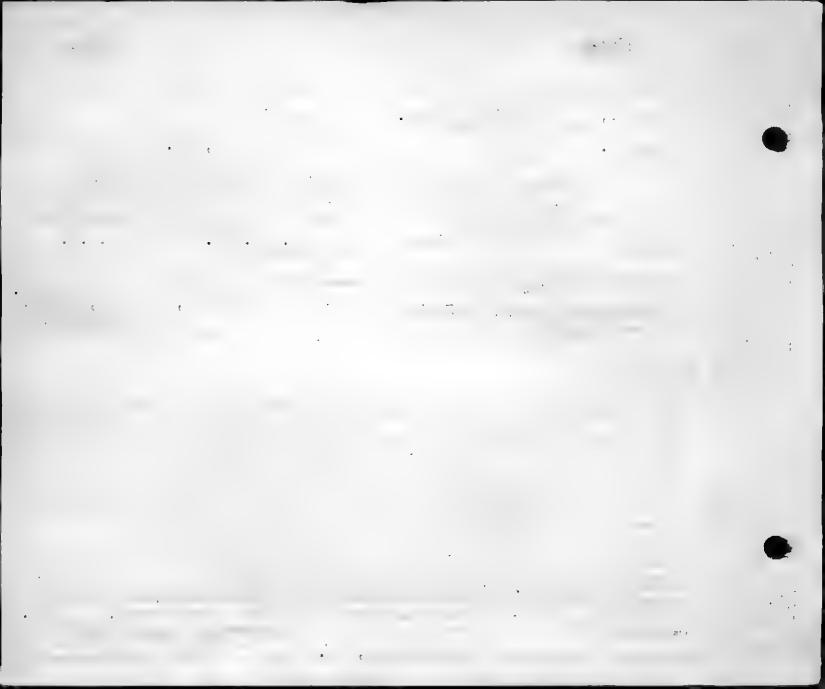
Harnen a

1967

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY ding" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page ner's Office along with form PM3. Page 5 may be retained for your files, as a burial-transit permit. File pages 1 and 2 with the State Department of nation, or removal, and in any event within 72 hours after death. e. STATE b. COUNTY Washington b. CITY OR TOWN IN outside corporate limits, Maryland Washington MARYLAND E. CITY OR TOWN (If outside eorporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 write RURAL and give neerest town] Rural 1. Clear Spring 5 vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Rural d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Clear Spring YES TO NO # Rural 4. DATE Middle Dey A net DECEASED OF (Type or print) DEATH 12 19 67 March Ralph Franklin Mvers 6. COLOR OR RACE 17. MARRIED | INEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH JF UNDER 24 HRS last birthday) Months WIDOWED 46 yrs. DIVORCED Male 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stelle or foreign country) 12, CITIZEN OF WHAT COUNTRY done during most of working life, even if rettred) U.S.A. Farming Wash. Co. Md. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 24 Mazie Shank James Mvers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Md . (Yes, no, or unkown) | (Ifyes give war or detes of service) Mrs Genevieve Myers, Reute 1, 5-26-1849 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) PART L DEATH WAS CAUSED BY: gunshot wound -10 Hw IMMEDIATE CAUSE IO DUE TO Conditions, if eny, which (6) cremation, please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's C O PUNERAL DIRECTOR: Page 3 should be used as a bit Health or its designated agent, prior to burial, cremation. geve rise to immediate ceuse DUE TO (e), stelling the underlying eause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO E 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING quu shot 01 CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (State) JUL BUR Not While feetgry, street, office bldg., etc.) While Clear Spring Wash. et work at work Inspection (21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry and in my opinion death resulted from: Accident | Suicide 4 Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER 🗔 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURÉ DEPUTY DEPUTY MEDICAL EXAMINER TO -67 EXAMINER'S Ditto NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Cedar Lawn Memmorial Hark Hagerstown, Md. 67 240 REC'D BY REGISTRAR 241 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR AISMÉ Clear Spring. Md. 5M 1/63



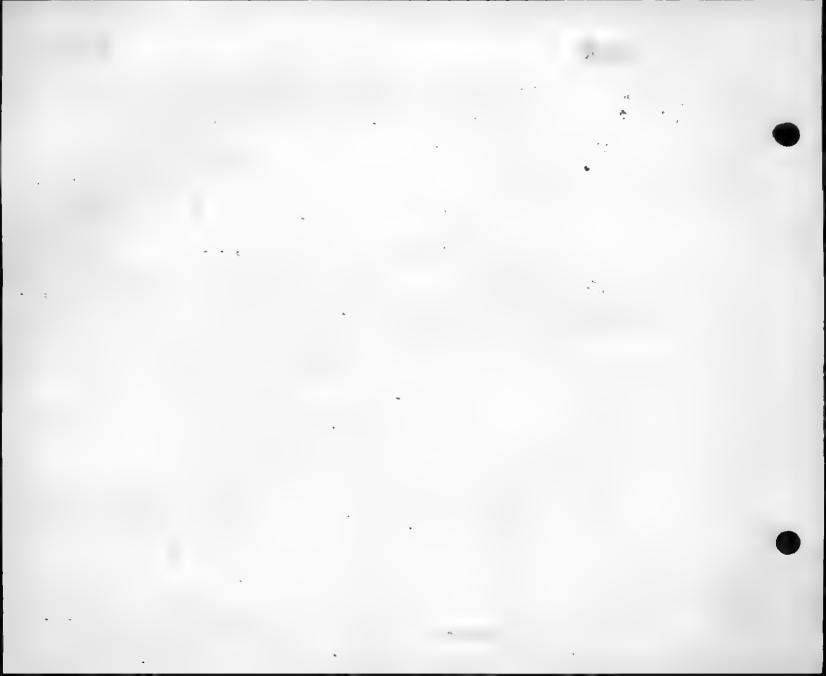
Minnich Funeral Home, Hagerstown, Md.

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after death bon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH COUNTY b COUNTY Washington Maruland Washinaton MARYLAND c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn) LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Hagerstown Hagerstown Urs. e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Washington County Hospital 132 Dogwood Drive YES 🔲 NO 🔀 NAME OF Day Middle Last DATE Month Year DECEASED (Type or print) OF DEATH Mary March Hanes 14 signed by the ottending physician ond completi buriol-tronsit permit. Then pleose remove cor buriol, cremation, or removal, and in ony event. IF JNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 9. AGE (In years SEX 7. MARRIED **NEVER MARRIED** lost birthday) Doys Sept. 8, 1884 X Temale DIVORCED WIDOWED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USt. AL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COUNTRY? INDUSTRY Jarrytown N. Y.
14. MOTHER'S MAIDEN NAME Own Home 13 FATHER'S NAME Dennis Bannon Catherine O'Connor Address Hagerstown, Md. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dates at service) Mrs. Margaret Reit 132 Dogwood Drive INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse be detached for use os the Stote Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DISEASE CONDITION GIVEN IN PART 1(o) NO O FUNERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While 1967, to March 14, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 2 director, page 3 should should be filed with the Winest 14 1967, and that death accurred at 3.07/2M, from couses and an the date stated above. saw the deceased alive on. 22b DATE SIGNED 220 SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION (State) Hagerstown Washington Md. REMOVAL (Specify) Rest Haven Cemetery VR A15 (III) 20 M 1/66 Juneral Chapel Hagerstown Md.



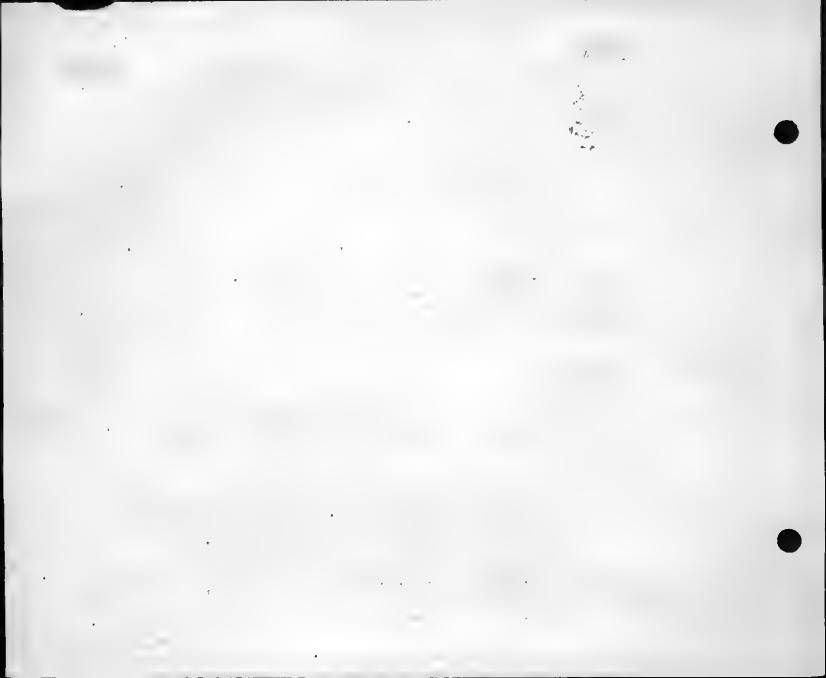


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	4324			CE	RTIFICATE	OF D	EATH				to although		
	OF DEATH					2. USUAL	RESIDENCE (W	Vhere decea	sed lived, if	institution	Residence Sed	dmiss	ion)
a. COU	was	hington			MARYLAND	o. STATI	Mary	/land	1	P COUNTA	Washi		n
	OR TOWN (If autside RURAL and give to				F STAY IN 1b	c CITY OR	TOWN (If our	tside carpar	ate limits, v	vrite RURAL	and give near	est town)	
Hag	erstown	1		45 ye	ears	Hag	ersto	own			Sil 1	<i>i</i>	
d NAM	E OF HOSPITAL OR	INSTITUTION (If not in	hospital, g	ive street addr	ess)	d. STREET	ADDRESS					e IS RES	IDENCE FARM?
Was	hingtor	County	Hosp	ital		909	Fore	est I	Drive)		YES	
3 NAME DECEAS	CED _	First	Jose		idle Pott	las	t	4. DATE OF DEATH	1	Month Ma	rch 4		ear 67
5. SEX	F OF	*	MARRIED X			B. DATE OF E	BIRTH		0 AGE (In	vegrs IF	UNDER I YEAR		ER 24 HRS.
male			WIDOWED		IVORCED		-1879		88 pirtl	rday) M yrs.	anths Days	Haurs	Min.
1Da JSUAL	OCCUPATION (Give I	and of work done	1Db KIA	ED OF BUSINES	S OR	11 BIRTHE	PLACE (County 8	& State, or fo	oreign caunt	ry)	12 CITIZEN (
Vic	t of working life, eve e presi	dent	san	id bla	st mfg	Stra	tford	i on	Avon	Eng	. USA	ŧ	
13. FATHE	R'S NAME					14. MOTHE	R'S MAIDEN N	IAME					
		k K. Pot					usan	A. F	≀utte	r			
IS. WAST	DECEASED EVER IN C. S	. ARMED FORCES? give war or dates of se	nvice) 16 S	OCIAL SECURIT	Y NO. 17.	INFORMANT				Address			
no	ournown) Ku les	give wor or dures or se	23	4-09-	6087 M	ary F	otter	r H	lager	stow	n, Md	•	
Condi	PART I. DEATH WAS	MMEDIATE CAUSE (o) . DUE TO gove) (b)	Pulr	nonar	y embo				rcti	on	120	iterval bi May: lefi]	DEATH
statin last	o immediate cous g the <u>underlying</u>	e (o), cause DUE TO											
FART		NT CONDITIONS CONT										PERFORI	MED?
E L	r. cer.ro	scleroti	o n a	art a	isease	with	aurı	cuta	rii	orill	atiqn	YES X	и0 [
	ACCIDENT WAS UNDER ONTRIBUTING □ CAU THER, NOTIFY MEDICA		205. DES	CRIBE-HOW IN	JURY OCCURRED	(Enter noture	of injury in P	Part I ar Pa	rt II of item	18.)			
MED!CAL	TIME OF INJURY MO Hour a.m. p.m.	onth, Doy, Year	2Dd. IN While at work	JURY OCCURRE Not While of work	e foct		(Home, farm, ice bldg., etc.)		(City or t	own) ·	(County)		(State)
2		ot (<u>I) (</u> this haspite				b. 2	. 19	967	_{to} Mar	ch 4	, 19 67	hat 44)	(we) lo
S	aw the decease	ed alive an Mal	rch	196	7, and tha	t death ac	curred gt_				an the do		
220.	SIGNATURE	R1. 10	,		**	ATTENDI		MED.	STA		22b. DATE SIG		
22.	PHYSICIAN S	However -	<		M.			DIRECTOR	☐ PHY		ingto		
220.	NAME (Type)	B. B. Kr	nei [s]	Ley, M	I.D.	1	lagers	town	i. Ma	ryla	nd rug co	1 36	•
23o. BUR!	AL CREMATION,	23b DATE THEREC	OF .	23c NAME	OF CEMETERY OR					ly or Tawn)		y) [(State)
ьшч	YAL (Specify)	3-6-67			Haven		tery				, Md.		
24 FUNE	RAL DIRECTOR	•		ADDR				BY REGISTI	RAR	2SbREGIST	RAR'S SIGNATI		
Min	nich F	nonal He		T.T		21.3	MAD C	10	167	Cla	May you	150	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers Pages Papal should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Thrang event, within 72 hours after dect

VR A15 (4)





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04326

CERTIFICATE OF DEATH

04328

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IVI	9 P	LACE OF DEATH					2. USUAL RESIDENCE (V	There deceo				
才	,	Washing	ton		MARYLA	IND	o Slate Waryland		Was	hingt	on	
ľ	b	CITY OR TOWN (f outside corporate limits	,	c LENGTH OF STAY IN	łb df	c CITY OR TOWN (If ou	tside corpor	ite limits, write RU	RAL and give	neorest town)	
l		Boonsbo	give neorest town)		2 Year	3.	Hagersto	wn		21	,	
ľ	0	NAME OF HOSPIT	AL OR INSTITUTION (If no	t in hospital, g	ive street oddress)		d STREET ADDRESS				e. IS RESIDEN ON A FARM	
		Reeder	Nursing Hom	1e			620 Ches	tnut	St.			
Ì		NAME OF	Fir		Middle		Lost	4 DATE	Mon		Doy Year	
		PECEASED Type or print)	Anni	le 🖺	lizabeth		Reeder	OF DEATH	March	14,		7_
	5 5	EX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH		AGE (In years lost birthday)	IF UNDER 1		4 HRS Min
ı		Female	White	WIDOWED	DIVORCED		arch 29, 18	70	96 yrs	11	15	194121
ľ			(Give kind of work done		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County)	& Stote, or fo	reign country)		IZEN OF WHAT JNTRY?	
ı	uom	namost of working Housewif	8	Ö	wn Home		Frederick	Con	Md.		S. A.	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	TAME				
I		Lewis Sh	ank				Ella A	lexand	ler		<u> </u>	
I	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	f comment	OCIAL SECURITY NO	17	NFORMANT 72	26 Mai	yland Mt	* e		
ı	(16	No •	(If yes give wor or dates o	22	0-52-2108	M	rs. Goldie	Henni	nger, Hag	gersto	wn. Md.	
Ī	٦		ATH (Enter only one cou	se per line for	(a), (b), and (c))	f		,	,		INTERVAL BETWE	
1		PARI I DEA	TH WAS CAUSED BY , IMMEDIATE CAUSE I	(o) And	rescleso	le	ealdeo	0 26	recke	ear	ONSE AND DEA	111
1		101		TO		6	_				107 -	-E
ł		Conditions, if any rise to immedial		(b)	A	12	egg C					
1		stoting the under		TO								
I		last.		(c)							<u> </u>	
ĺ	CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING I	O DEATH BUT NOT RELAT	ED TO 1	THE TERMINAL DISEASE CON	DITION GIV	EN IN PART 1(o)		19 WAS AUTOPS PERFORMED YES NO	?
-	TIFIC	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRED	(Enter noture of injury in I	Port I or Po	rt II of item 18)			
I			MEDICAL EXAMINER)									
ı	MEDICAL	20c. TIME OF INS	JRY Month, Doy, Year	20d IN While	JURY OCCURRED 2		CE_OF_INJURY_(Home, form ory, street, affice bldg., etc.)		(City or town)	(€ou	nty) (Sto	ote)
Į	E	p. 1	10	of work	Not While at work	HACI	ory, sincer, drive blog, cit.,		1		1.50	
ı	ĺ	21. I certi	fy that (I) (this has	ertal) attent	led the deceased fr	am 4	an 7 ,1		oMawhi	7 194) las
I			eceased alive on	many	1961, an	id fige	death accurred at	[Lenn	A, from causes'			pave
		22o. SIGNATURE	6/1	Police	2 - /	V	ATTENDING	MED.	STAFF _	of a	ITE SIGNED	2/7
ı		no Pulverelitave	- Jul	w w		M.I	22d, ADDRESS	DIRECTOR	PHYS. L	1 Mes	Gt/5/9	6/
		22c. PHYSICIAN'S NAME (Type		1,6	eVan		220. ADDRESS / D.	tow	elow,	m	de	
	230	BURIAL, CREMATIO			23c NAME OF CEMET	RY OR	CREMATORY	23d. L0	CATION (City or To	wn)	(County) (Stol	e)
		HENDANT (Epitop	3- 17	- 67	Locust	Gro	ve Cemetery	1	Locust Gr	ove.	Md.	
	24	FUNERAL DIRECTO	DR .		ADDRESS		25MAR		10C7 25by	OISTRAR S. 6		
1	J	ohn H. B	ast. Jr. 11	2 U. M	in St. Boo	nehe		MI	1001	/-(E	Lank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or otherding physician.

TO FINERAL DIRECTOR: After this certificate has been sined by the attending physician and completely filled in by the funeral

VR /



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

MARYLAND

by the funeral Pages I and ease remove carban papers. Pages I and in any event, within 72 haurs after .≘ etely filled burial, cremation, ar remaval, signed by the burial-transit as been s as the b priar ta b director, page 3 shauld be detached far use shauld be filed with the State Dept. of Health After be retained DIRECTOR: TO FUMIRAL

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL

within 24 haurs after death.

04327

Washington

1. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town)
Hagerstown Hours Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS Washington County Hospital South Locust 3. NAME OF DATE First Middle Lost Month DECEASED March REMSBURG Sr JOHN $\mathtt{WT}_{1}\mathtt{T}_{1}\mathtt{T}\mathtt{AM}$ (Type or print) S SEX 9. AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED XIXI NEVER MARRIED lost birthdoy) Male White 1886 WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done I BESTEPIACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR during most of working life even if retired) Werchant Wellired Chewsville Wash Co 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph H. Remsburg Sarah E. Young 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, ortunknown) (If yes give wor or dotes of service) Clayton I. Remsburg Frederick Md Crestview Court 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of anjury in Part I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour om. factory street off ce bldg , etc.) at work ot work 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an 2/2 1967, and that death occurred at M, fram causes and an the date stated above 22a. SIGNATURE DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Hagerstown Wash Co Cemetery Rose Hagerstown PR 3 191 25b. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67 Funeral 1967

28 1967

32 CITIZEN OF WHAT

COUNTRY

(County)

e. IS RESIDENCE ON A FARM? YES NO

19

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

19 ___ , that (1) (we) last

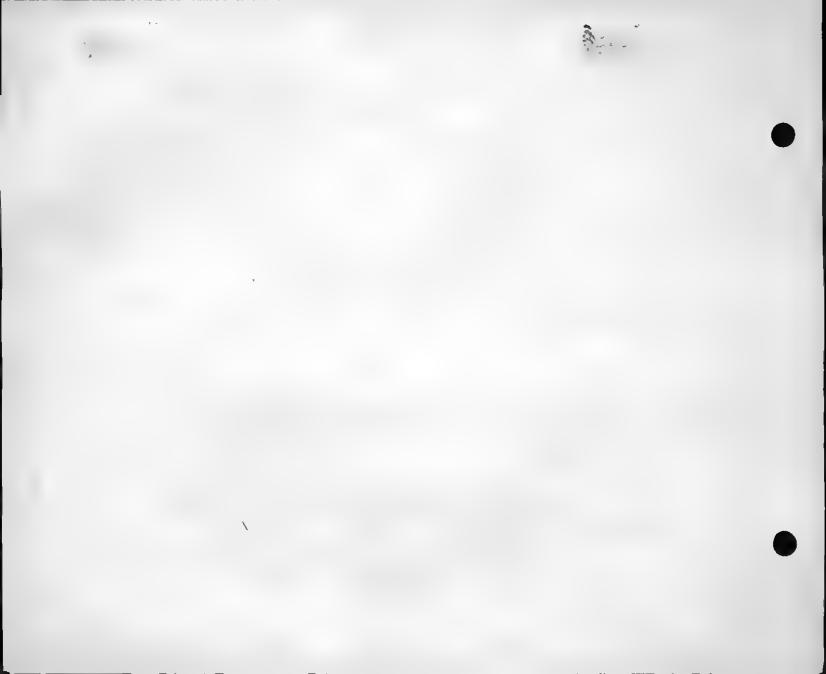
(Stote)

IF UNDER 24 HRS

2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)

Maryland

Washington



5 (4) 1/65

VR A15

20M

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	04328			CERTIFICAT	E OF DEAT	H		1	ひなりり	,	
1.	PLACE OF DEATH				2. USUAL RESIDE	NCE (When	e deceased liv			e before ad	mission)
	a. COUNTY	Washington		MARYLAND	a. STATE		د .	b. COUNT	* * * * *		
	b. CITY OR TOWN	I (if outside corporate	limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	aryla:	corporate l	Imits, writ	Washi e RURAL and g		
	write RURAL [Hager	and give nearest town)		l week	(Rural)	•		RFD	#1.	21.1	
_	d. NAME OF HOS	DITAL OR INSTITUTION	(if not in ho	spital, give street address)	d. STREET ADDRES	amspor	rt Md.	TUD	#1 0	B. IS RESI	IDENCE
					Downsvi		iko			ON A F	ARM?
_		gtonn County									NO X
3.	NAME DF DECEASED	Firs	t	Middle	Last	OF		Month	17		
_	(Type or print)	Edith		May	Renner	DE	, riiii	March		20	67
_	SEX		. MARRIED	🔀 NEVER MARRIED 🔲	8. OATE OF BIRTH				FUNDER 1 YEAR Honths Oays	Hours	Min.
_	emale	White	WIDOWED	DIVORCED	Oct. 4	1910	56	yrs.	5 12		
l Oa Juri	. USUAL OCCUPATI	ION (Give kind of work do ng life, even if retired)	ne 10b. KI	ND OF BUSINESS OR DUSTRY	11, BIRTHPLACE	(County & S	tate, or foreig	an country)	12. CITIZEN COUNTR	OF WHAT	
	Housewij	Ĉe .		ome	Maryla	and			U.S	.A	
13.	FATHER'S NAM	E			14. MOTHER'S MA		E				
	Charle	s Rickard			Rose	Myers					
15.	WAS DECEASED E	VER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	11,) 01 [Address			
(TE	NO er unkown)	(If yes give war or dates of s		one N	r. Willis	Ponno	DOWN:	svill liams	e Pike	Md. RI	r da
1	18. CAUSE OF D	EATH [Enter only one	cause per li		4./	recitie	7 /	7.7311121	i INT	ERVAL BET	WEEN
		ATH WAS CAUSED BY:	()()	DCINDMX C	Lecenter!	19,	4617.4	43/10	all ON	SET AND D	EATH
-1	17748	IMMEDIATE CAUSE (a		4	0 0/11/		-0 /	-17 - 17 6		167 600	
-1	Conditions, If a	OUE TO		/						(
-1	gave rise to	Immediate									
-1	cause (a), st	-	D								
۶Ì	underlying cause			TING TO DEATH BUT NOT REL	ATEO TO THE TERMINA	I DISEASE!	CONOTION	CIVENINE	ART 1(a) 119.	WAS AU	TOPSY
إَ	1/2/11	distribution of the	Oliva I	A A A A	ALEO TO THE TERMINA	LDIGLAGE	20110111011	24 4 E31 624 1 .		PERFORI	MED?
FICA	711474	(1) W. O.L.	(1001)	seed 4	HODEO /F-AA	At Interes	Down I as	David III of	1	ES []	NO X
	OR CONTRIBUTION	WAS UNDERLYING ☐ / NG ☐ CAUSE OF DEATH	250/ 0	ESCRIBE HOW INJURY OCC	UKKEU. (Enter nature	or injury i	n Part I or	Part II of	(tem 18.)		f
٦		IFY MEDICAL EXAMINE	1//								
₹	20c. TIME OF I	NJURY/ Month, Day, Ye	/	fast	ACE OF INJURY (Home, ory, street, office bldg.	farm, 20	of. (City or	town)	(County)	(S	itate)
	p.n		While at work	Not While	/ / .	, , , ,	7	2-1	~		
	21. I certify	v that (I) (this hospit	al),attende	d the deceased from_	0-6-60	19	to_2.7	7-	. 19 <i>Ola</i> , t	hat (I) (w	/e) last
		eased alive on 3-	-16		it death occurred a			causes a	nd on the da	te stated	above.
	22a. SIENATUR	E	1 1	1/1/		-			2267 DATE-S		
-	1000	navaria 1	1 00	M.	D. PHYS.	MED. DIRECTO	R PHY		1-16	67	
Į	22t. PHYSICIA NAME (Ty				22d. ADDRESS					7	
	MANIE (1)	E. R. LA	RDIZAE	BAL, M. D.	300 NOR	TH POT	OMAC S	iT.	HAGERST	JUN	ηD.
23a	BURIAL, CREM	ATION, 23b. DATE TH	EREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d.	LOCATION		vn or county)		ate)
	Burila (Spe	March	19-67	Greenlawn C	emeterv	W:	illiam	sport	Maryla	nd	
24	FUNERAL DIRE	-		AOORESS	25a. F	REC'O BY R			GISTRAR'S SIG	VATURE	
	Albert L	. Leaf Will:	iamspo	rt, Md.	MAR	211	1967	Jula	nes you	0	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	04329		CERTIFICAT	E OF DEATH		04331
T	PLACE OF DEATH o. COUNTY			2 USUAL RESIDENCE (V	Where deceased lived, if institution b. COUN	on: Residence before admission)
	WASHIN	GTON	MARYLAND	MARYLAND	b. COUN	WASHINGTON
	b. CITY OR TOWN (If outs write RURAL and give	ride corporate limits,	c LENGTH OF STAY IN 1b		tside corporate limits, write RUR	
	HAGERSTÖW	N	43 YEARS	HAGERSTO	WN	2:1
	d NAME OF HOSPITAL OR	INSTITUTION (If not in h	ospital, give street address)	d STREET ADDRESS	1141	e IS RESIDENCE
	WASHINGTON	COUNTY HOSE	ΤΤΑΤ.	136 N. POTO	MAC STREET	ON A FARM? YES NO C
	NAME OF	First	Middle	Lost	4 DATE Month	
	DECEASED (Type or print)	NORMA	NMI	RIGGIN	OF MARC	CH 30 19 67
<u>s.</u>			ARRIED X NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF LINDER 24 HRS
	FEMALE	WHITE W	DOWED DIVORCED	OCT. 9 1894	lest birthdoy) 72 yrs.	Months Doys Hours Min.
lΩκ	LISUAL OCCUPATION (Give	kind of work done	10b. KIND OF BUSINESS OR		& State, or fareign country)	12 CIT ZEN OF WHAT
žυι	ring most of working life, ev REGISTERED	ren if retired)	INDUSTRY MEDICINE	FLINT HII		U.S.A.
13	. FATHER'S NAME	MOUDE	MEDICINE	14. MOTHER'S MAIDEN N		U.D.A.
	ETT.	IN RAMEY		ALBENT		
IS	EDW . WAS DECEASED EVER IN U		16. SOCIAL SECURITY NO. 17.	INFORMANT		NAME OF THE PARTY
(Y	es, no, or unknown) (If yes	give war or dates of servi	ce)		136 N.PUTC	
_	NO	18-4	1 216-46-8891 W line for (o), (b), and (c).)	TILLIAM C RIG	GIN HAGERSTON	IN MARYLAND
	INTERVAL BETWEEN ONSET AND DEATH					
		IMMEDIATE CAUSE (o)	Cachexia	å uremia		1 mo
	Conditions, if any, which	DUF TO	Gama va 14	zed metastas	* _	0
	n'se to immediate caus	(a) (a)	Gelfelati	zeu netastas	13	6 _m os ^
stating the underlying cause DUE 10						
	last) (c)		cinoma of st		1 2 yrs
PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE						
S						PERFORMED? YES NO JE
12	20a. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAL		20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in I	Port I or Part II of item 18)	
	(IF EITHER, NOTIFY MEDIC		none			
MEDICAL	20c TIME OF INJURY M Hour' o.m.	lanth, Day, Year	20d INJURY OCCURRED 20e Pt	ACE OF INJURY (Home, form	, 20f (City or town)	(County) (State)
Ħ		none 19	While Not While of work of	ctory, street, office bldg., etc.)	_	
	21. I certify the	at (I) (thischooping)	ottended the deceased from_	Sept , l	961 to Mar 30	, 19_6.7, that (I) (we) la
	saw the deceas	ed alive an	Lar 30 19 67, and the	at death accurred at,	3 All M, fram causes a	nd an the date stated abov
	22a SIGNATURE	- America		ATTENDING	MED STAFF	22b DATE SIGNED
	SE 7/	utch 47	M M	D PHYS A	DIRECTOR PHYS.	3/31/67
	22c. PHYSICIAN'S	D. W. T. T. T.	T W T	22d ADDRESS	Selfue om til dens	MALE REPORT AND
	NAME (Type) H	R.TRITCH J	R. M. D.	1 302 N.POI	OMAC ST. HAGERS	TOWN MAKILAND
3	o. BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OF	CREMATORY	23d LOCATION (City or Tow	n) (Caunty) (State)
	REMOVAL (Specify)	4/1/67	REST HAVEN	CEMETERY	HAGERSTOWN	WASHINGTON M
2	4 FUNERAL DIRECTOR		ADDRESS	2Sa RFC'D	BY REGISTRAR 2Sb REG	ISTRAR'S SIGNATURE
	CHARLES M	ROUZER HAC	ERSTOWN MARYLAND	ARR 5	1967 Relie	mes Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remayed cachon papers. Pages 1 and should be filed with the State Dept of Health priar to burial, cremation, ar removal, and in any perment within 72 hours after death Page 4 may be retained by the nospital or attending physician. VR A15 (4) 25M 1/67

(M)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04330.

CERTIFICATE OF DEATH

04332

		CERTIFICATE	or bertin					
١.	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)					
	o. COUNTY Washington	MARYLAND	Maryland	d Washington				
	 CITY OR TOWN (If autside carparate limits, 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporate iimits, write RURAL and gr	ve neorest town)			
	write RURAL and give neprest town) Hagerstown	5 Hrs	Hagers	town	. 11			
	d NAME OF HOSPITAL OR INSTITUTION (If not in ho		d STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	Washington Count	y Hospital	oller A	Apts	YES NOTES			
3	NAME OF FIRST	Middle	Lost	4 DATE Month OF Non-1- 7 7	Doy Year			
	(Type or print) WIARI		RITCHIE	DEATH March 5 I				
S.	77	ARRIED NEVER MARRIED E	Nov 7 1870	gsbirthday) Months	R 1 YEAR IF UNDER 24 HRS Doys Hours Min			
	USUAL OCCUPATION (G.ve kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & S	7 CL 00 /	ITIZEN OF WHAT OUNTRY?			
alis	ing most of working ite even if retired) HOUSEQLIE	Own Home	Purcellvil	lle Loudon Co ՝	USA			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME				
	George W. Alder		Hannah	n Myers				
1S.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address				
, ·	es, no or unknown) (If yes give war or dates of service)	None Mrs	Mary Hele	en James Moller	Apts			
	18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:		Hagerst	townb Md.	INTERVAL BETWEEN			
	IMMEDIATE CAUSE (o)	anterioscheroti	12 for here		? Several week			
	DUE TO	anterioscherots	c hour d	is Eas &	Muku own.			
	Conditions, if any, which gove (b)							
	stoting the underlying couse							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	CONTRACTOR DESCRIPTION OF MATERIAL TO A	THE TERM HE DIVERSE COND.	CTION CHEST IN PAGE 17 1	19 WAS AUTOPSY			
CERTIFICATION		The true tive jame lie			PERFORMED?			
I S	20o. ACC DENT WAS UNDERLYING □	206 DESCRIBE HOW INTURY OCCURRED	Enter nature of injury in Pa	art I or Part II of Item 18)	1 10 0 10 0			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER)		1 ,					
MEDICAL	20c TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, form,	20f (City or town) (C	aunty) (State)			
層	Hour o.m., p.m., 19	While Not While facto	ory, street, office bldg., etc.)					
	21. Lertify that (I) (this haspital)	attended the deceased fram	3-3,19	67, to 3-3, 19	67, that (I) (we) las			
	saw the deceased alive on	3-3 19 <u>67</u> , and that	death accurred at 1	I.P. M, fram causes and an	the date stated above			
	220 SIGNATURE /7	<i>C</i> .	ATTENDING	LED CTAFE	DATE SIGNED			
	John It Hon		PHYS 🖺 DI	IRECTOR L. PHYS L. 3-	-4-67			
	22c PHYSICIANS John H. Horn	nbaker, M.D.	Ha	54 W. Washington Sagerstown, Md. 21	5t. 1740			
32	BURIAL, CREMATION, 23b DATE THEREOF	T 23c NAME OF CEMETERY OR C		23d LOCATION (City or Town)				
23	BULL SPINA (SPINA) 3/6/67	Rose Hill C		Hagerstown Wa	(County) (State)			
24	2/0/0/	m. Md. ADDRESS	250 REC'D E	BY REGISTRAR 25b. REGISTRARS	SIGNATURE			
	Andrew K. Coliman	nFuneral Home	MAR 8		o Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or ottending physician.

TO FENERAL DIRECTOR: After this certificate has meen signed by the otherwing physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbor papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event within 72 haurs ofter death. VR A15 (4) 25M 1/67



۱,		04331	CERTIFICATE	OF DEATH		U4338
		PLACE OF DEATH		2 USUAL RESIDENCE (V	Where deceased lived, if institution:	: Residence befare admission)
		WASHINGTON	MARYLAND	MAT	RYLAND	WASHINGTON
	!	CITY OR TOWN (If autside corporate limits, write-PURAL and aive nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write RURAL	and give nearest town)
		HAGERSTOWN	20 DAYS	RURA	L CLEARSPRIN	IG
	(J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
7	<u> </u>	WASHINGTON COUNTY H		RT.	41	YES NO T
	1	NAME OF First DECEASED Type or print) RICHARD	Middle	Last	4 DATE Manth OF MARC	Day Year H 2 1967
	S. 5			BINSON DATE OF BIRTH	DEMINE TOWN	FUNDER 1 YEAR IF UNDER 24 HRS.
		MALE WHITE WIDOWED	DIVORCED	1/19/19	13 fast Syrthday) A	Months Days Hours Min.
			ND OF BUSINESS OR		& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
			HINE EQUIP.	CORP.	MARYLAND	COUNTRY? U.S.A.
	13.	FATHER'S NAME	77.0.07	14. MOTHER S MAIDEN N		
	16	DAVID FILMORE ROBI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S		MARY F		
	(Ye	s no or unknown). If If yes rive war ar dates of service)!			Acoustic On The Control	EARSPRING
		18. CAUSE OF DEATH (Enter only one couse per line for	3-16-0139 MR	S. EDNA M	I. RUBINSUN	RT.#1 MD.
,		DART I DEATH MAC CAMERO DV		mol lobul	ar pneumonia	QNSET AND DEATH
		490X IMMEDIATE CAUSE (o) 100	minar priace	Tal Tobal	ar bueamoura	2 days
		Conditions, if any, which gave 1 (b) Chris	onic henatic	cirrhosi	s Laennec tvr	Known 2
			h ascites			months
		last. (c)				
,	×	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
1	CATIC					YES NO
	CERTIFICATION	20d. ACCIDENT WAS UNDERLYING ☐ 20b. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in I	Part I at Part II of item 18)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. IN		E OF INJURY (Home, form		(County) (State)
	MEC	Hour a.m. While p.m. 19 at work	☐ of work ☐	ıry, street, affice bldg., etc.)		
		21. I certify that (I) (this hospital) attend	led the deceased fram De	ec. 29 ,1	966 to March 2	., 19 67 that 41) (we) los
		saw the deceased alive an March	1 19 <u>67</u> , and that	death occurred at		d on the date stated above
i		22a. SIGNATURE	1	ATTENDING ATTENDING	MED STAFF	3/3/67
		Mulle	M.D		DIVECTOR CON LILLY	
1		PHYSICIANS B. B. Kneisley	, M.D.	-		ington St.
	23o	BURIAL, (REMAIION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C		23a. LOCATION (City or Town)	
		图记代学和记 3/4/67	MT. VIEW C		RINGOLD	WASH. MD.
	24	FUNERAL DIRECTOR	ADDRESS			Charles Judge
	11	1. Morment / Rig	ralown	DATE N	IAR 6 1967 /	Lank Sontain

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please Tempre corbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and shown event, within 72 haurs after death. Poge 4 moy be retoined by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

200 N

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04332

CERTIFICATE OF DEATH

04224

03000					OKOUK
1. PLACE OF DEATH o. COUNTY	CDON		A CTATE	L cour	an. Residence befare admission)
WASHIN		MARYLAND		ARILAND	WASHINGTON
b. CITY OR TOWN (If outside corporate write PUPAL and pice appress from	: limits,	c LENGTH OF STAY IN 16	11	side carparate limits, write RUR	(AL and give nearest town)
WITH AURAL CRISTOWN REGIEST TOW	")	47 YRS.	HAGE	ERSTOWN	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, o	give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
15 CYPRESS STREE	T		15 CYPRESS	STREET	YES NO A
3 NAME OF DECEASED	First	Middle	Last	4 DATE Mont	h Day Year
(Type or print) JOHNNIE		McCULLEN	ROE	DEATH MARCH	5 19 67
S SEX 6. COLOR OR RA	TÉ 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years	Months Days Hours Min.
MALE WHITE	WIDOWED		EBRUARY 24,1		
10a USUAL OCCUPATION (Give kind of world		ND OF BUSINESS OR	, ,	State, or foreign country)	12 CITIZEN OF WHAT
during most of working life, even if retired) RETIRED CARPENTER	DO	DUSTRY OOR MFG.	TALBOT CO.	, MARYLAND	COUNTRYS A.
13. FATHER S NAME			14. MOTHER'S MAIDEN NA	AME	
JAMES	A. ROE		CLA	RA STUPES	
15 WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	HAGERSTOWNddre	MARYLAND
(Yes, no. or unknown) (If yes give wor or	dates at service) 21	4-09-5886 MF	S. RUTH ROE	15 CYPRESS S	
1B. CAUSE OF DEATH (Enter only o			4		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	1:	te corena	M. Acclused	, and a second	ONSET AND DEATH
4201 IMMEDIATE		, acc 00 40 · 40	7	7-0	7,0,0,0
Canditians, if any, which gave	DUE TO	tensine con	mary onte	in distinct	dulma
rise ta immediate cause (a), ((b) A		1	7	
stating the underlying cause last	(1)	meroly of a	teroselin	in	yeard
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(a)	19 WAS ALTOPSY
	1	the			PERFORMED?
200 ACCIDENT WAS UNDERLYING	77-02	SCRIBE HOW INJURY OCCURRED	(Enter nature of mount in D	art I as Dart II of item 18.1	113 [] 110 [
OR CONTRIBUTING CAUSE OF DEATH		2CKIDE HOTH INJUKT OCCORNED	(cutet notote of infort in co	on to rott it of held ib.)	
20c. TIME OF INJURY Manth, Day, 1			CE OF INJURY (Home, form,	20f (City or town)	(Caunty) (State)
∰ Hour'o.m. p.m.	While of work		tary, street, office bldg., etc.)		
21 I certify that (I) (this	OI WOII		/V mv. 19	65 to 5 Mar	1, 19 <u>67</u> , that (I) (we) las
saw the deceased alive	on 21 Feb	19 6 7, and tha	t death accurred at \$	M, fram causes	and an the date stated above
22a SIGNATURE	11 1			7 MED STAFF	22b DATE SIGNED 3/7/1967
pine.	Many	M. M.	11112	DIRECTOR L PHYS. L))) 1 1 2 1
NAME (Type) JOHN C.	STAUFFER	M.D.	22d ADDRESS	COSPECT ST. HA	CED SULVINI MIL
// 001111 08					
	TE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or To-	, , , , , ,
BURTAL (Specify) MARC	н 8,1967	ROSE HILL CE		HAGERSTOWN,	
24. FUNERAL DIRECTOR		ADDRESS	250 RECD	I 0 1967 25b	GISTRAR S GIGNATURE
CHARLES M. ROUZE	R HAGERS	TOWN. MARYLANI	7AM	1 0 1967 /	They have

leath. TO NOTIVITAL OR ATTENDING PHYSICIAN: The law requires that the Math certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or ottending physicion. funerol TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please removes carban papers. I should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 halps.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. exmanted within 24 hours TO HOPPITAL OR NITERBING INVSICIANI The law nequires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND
CERTIFICATE OF DEATH

1	 PLACE OF DEAT a. COUNTY 	8			- 1	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)					
1		ashington		MARYLA	MD I	a. STATE Mary land b. COUNTY Washing ton					
\vdash	b. CITY OR TOW	/N (if outside corpora	te limits,	c. LENGTH OF STAY II		c. CITY OR TOWN (I		orate limits, write	RURAL and giv	e nearest town)	
		write RURAL and give nearest town) WilliamSport				Над	erstown		,		
				1 month=3 d	d. STREET ADORESS			1.6	, IS RESIDENCE		
		sport Sanit		opital) Sira attaut add				th Street		ON A FARM?	
3	. NAME OF	F	irst	Middle		Last	4. DATE	Month	Oay	Year	
	DECEASED (Type or print)	Rosie May			Romesburg	OF DEATH	March	3	₁₉ 67		
5	. SEX	1. MARKIED NEARLED		. DATE OF BIRTH		AGE (In years IF last birthday) Mo	UNGER 1 YEAR	Hours Min.			
	Female	White	WIDOWED		$\exists \mid^A$	pril 18,18		74 yrs.			
10 d	Da. USUAL OCCUPAT	TION (Give kind of work ling life, even if retire	done 10b. Ki	INO OF BUSINESS OR IOUSTRY		11. BIRTHPLACE (12. CITIZEN C	F WHAT	
П	House	duties		оте		Pleasant		Mary land		U.S.A.	
1	3. FATHER'S NAN					14. MOTHER'S MAI					
	Wesle	y Marshall				Mary Bell	е				
7	15. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates i	ORCES? 16.	SOCIAL SECURITYNO.	17.	INFORMANT		Address			
Ĺ	No	No			ĮV.	elvin E. A	shton-Ma	artinsbur			
			77	ne for (a), (b), and (c).	2 +	7				RVAL BETWEEN ET AND DEATH	
1	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE		egula &	mul	me				nel2	
н	3.1	DUE	TO	0 0 11		_å				/	
Н	Conditions, if		(b) Cé	where ?	2/	uncerte	in Gu	ud_	Lu	kenny	
Т	gave rise to immediate cause (a), stating the DUE TO										
1.	underlying cause last. (c)										
No.	PART II. OTHER	SIGNIFICANTCONDITI	ONSCONTRIBU	TING TO DEATH BUT NO	RELA	TEO TO THE TERMINAL	DISEASE CONO	ITION GIVEN IN PAI	RT 1(a) 19.	WAS AUTOPSY PERFORMEO?	
3									YES	S NO	
CEPTIFICATION	20a. ACCIOENT DR CONTRIBUT	WAS UNCERLYING TING CAUSE OF OF OF OTHER MEDICAL EXAMI	20b, D	DESCRIBE HOW INJURY	occu	RREO. (Enter nature o	of Injury in Par	t I or Part II of I	tem 18.)		
_		INJURY Month, Oay,	1	NJURY OCCURRED 120	. PI Ac	E OF INJURY (Home,	fours 206 //	ity or town)	(County)	(State)	
MEDICAL	Hour a.		While	Not While	factor	y, street, office bldg.,	etc.)	ity or town,	(county)	(State)	
2	p.	m. 19		at work		4					
Т				ed the deceased from	m	Muning.	19 <i>62</i> , to_			at (I) (we) last	
н		ceased alive on	13×111	19 <i>6</i> , and	i that	death occurred at	M, fro	n the causes an			
	22a. SIGNATU	RE /				ATTENDING	MEO.	STAFF	22b. OATE SIG	INED	
н	6500		ence	1	M.D.	PHYS.	OIRECTOR	PHYS.			
ı	22c. PHYSICI NAME (T	AN'S ype)				22d. AODRESS					
2	3a. BURIAL, CREI	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. LOC	ATION (City, town	or county)	(State)	
	REMOVAL (Sp Burial	eclfy) 3→5—1	967	Rosedale (eme	terv	Marti	nsburg.Be	rkelev	W.Va.	
7	24. FUNERAL DIR	ECTOR 11 60	140019-11	ADDRESS	411 L	25a. RI	EC'D BY REGIS	RAR 25b. REGI	STRAR'S SIGN	ATURE	
1	Brown	Funeral Hon	ne Na	g ti nsburg,	V. Va	MAR	1 3 196	37 Jaco	res you	A COL	
1-				0 08		f man a p for		1 14		75	

VR AI5 (4) 20M 1/65 ¢

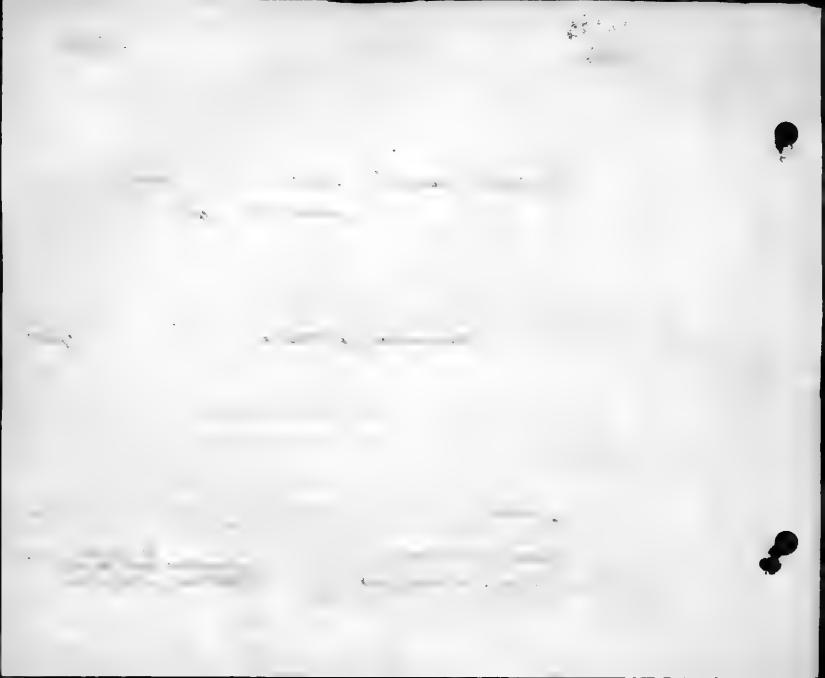
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04990

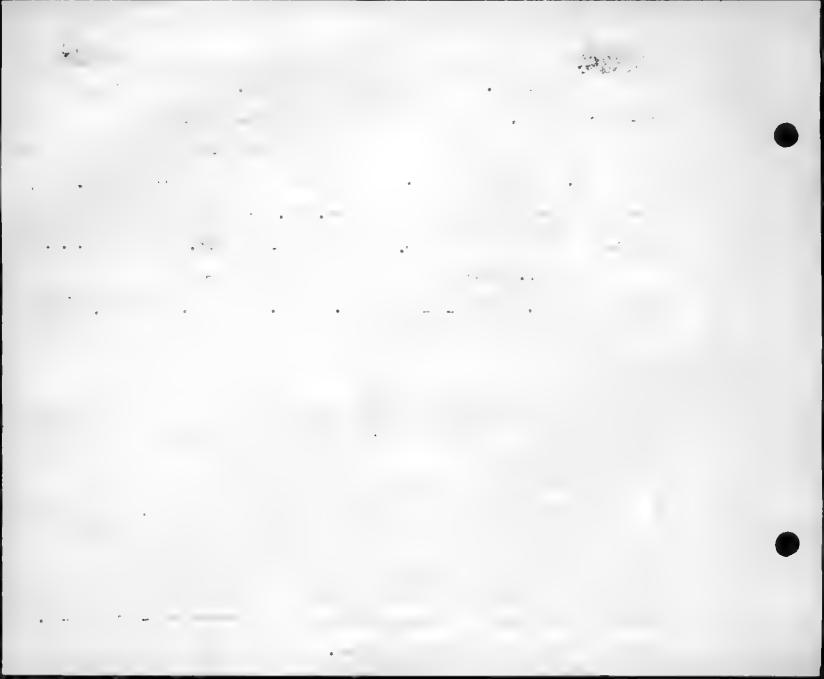
		04334	CERTIFICATE	OF DEATH	1	U4330				
		tace of death county ashington	MARYLAND	2 USUAL RESIDENCE (Who state Maryland	ere deceased lived, it institution Ri b. COUNTY Washing t					
	b	CITY OR TOWN (If outside carporate limits, write RURA, and give nearest town) Hagers town	3 Mos	Hagerst	CITY OR TOWN (If autside carparote limits, write RURAL and g Hagerstown					
1	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, of Western Maryland Stat	e Hosp.	d street ADDRESS 418 Fremo		e IS RESIDENCE ON A FARM? YES NO				
	(NAME OF First DECEASED Type or pnnt) Magaker Type or pnnt)	Leu critia	Ross	I. DATE Month OF Map C	Day Year 19 67 NDER I YEAR I IF UNDER 24 HRS.				
}	SS	Female White WIDOWED	DIVORCED	CONE 20/191	lost birthday) Mar	oths Days Haurs Min				
	durn	ng most of warking life, even if retired) NOUSEWIIE	nd of Business or Own Home	Myersdale	Somerset Co	12 CITIZEN OF WHAT COUNTRY? USA				
		FATHER'S NAME Calvin Holiday		14. MOTHER'S MAIDEN NA Clara C.	Hatton					
	15 (Yes	WAS DECEASED EYER IN U.S. ARMED FORCES? s, ap, ar unknown] (It yes give wor or dates of service) NO ————————————————————————————————————			Address ss 418 Fremor					
		DUE TO	(o), (b), and (c).) Arcinoma of	Hagers Ceeruix	town Md.	INTERVAL BETWEEN ONSET AND DEATH				
		Canditians, if ony, which gave nise to immediate couse (a), stating the underlying cause last.				19 WAS AUTOPSY PERFORMED?				
/	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
	MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.							
	MEDICA	Hour om. While p.m. 19 at war	k Not While fact	CE OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)				
		21. I certify that (1) (this hospital) attended as the deceased olive an 2 - 2	ded the deceosed from_ とと19 <u>6フ</u> , and tho	1-16-67, 19 t death occurred at_	AM, from causes and					
		22a. SIGNATURE Vietor S. K.	Pamar, M.		ED. STAFF IRECTOR PHYS.	126. DATE SIGNED MARCH 1, 1967				
1		22c. PHYSICIAN'S NAME (Type) VIETOR 2.1	lamos, mi.	7.7		rey land				
)	230	REMOVAL (Specify) 3/4/67	Rose Hill	Cemetery	23d. LOCATION (City or Town) Hagerstown V					
	24	FUNERAL DIRECTOR Hagerstow Andrew K. Coffman Fu	m ladoress neral Home I	ne 250. REC'D	, , , , , , , , , , , , , , , , , , , ,	AR'S SIGNATURE				

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO HOSPIT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave-carban papers. Pages 1 should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any evenly within 72 haurs after VR A15 (4) 20 M 1/66



17201



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
	04336.	CERTIFICATE	OF DEATH	04338							
	LACE OF DEATH			Where deceased lived, if institution Residence before admission)							
0.	Washington	MARYLAND	Maryland	d Washington							
b.	. CITY OR TOWN (If outside corporate limits,	E LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside carparate limits, write RURAL and give nearest tawn)							
	Write RURAL and give nearest town) Hagerstovn	15 Hrs	Hage	erstown R#6							
d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospi		d. STREET ADDRESS	e. IS RESIDENCE On a Farm?							
	Washington County	Hospital	Salem	Church Road YES NO [
3 N	AME OF First	Middle	Last	4 DATE Month Doy Year							
	ype or printy	LVIN SECRIS		DEATH March o 1907 19							
S SI		IED NEVER MARRIED	B DATE OF BIRTH	9 AGE (n yeors IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min							
	ale White WIDOV										
10a durin	USUAL OCCUPATION (Give kind of work done g most of work ng life, even if retired) L'ATMET	KIND OF BUSINESS OR RETLIED		* State, or foreign country) ranklin Co Pa. COUNTRY COUNTRY SA							
	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME							
	Abraham Secrist		Susan Z	immerman							
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? , no. or unknown) (If yes give war or dates of service)	None De	NFORMANT Evid P. Se	cristHagerstowh Md R #2							
П	18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	o for (d) (b), and (c).)	pocarde	al Sufarction interval Between onest AND prath							
	4 - 3/ DUE TO	Out W	0 -0 -	1.1411 +1							
	Conditions, if any, which gove) (b)	Greenge	lerous	peace process not the							
	stating the underlying cause DUE TO	*		13							
	(c)										
공	PART IN OTHER SIGNIFICANT CONDITIONS CONTR BUTT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CON	PERFORMED'							
Ē.	Jastro - Intesti	inal such	ny -	allee, not known YES NO [
EE	20° ACCIDENT WAS JNDERLYING ☐ 20° OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED	(Episo noture at injury in l	Part I ar Part II af item 18)							
MEDICAL	and the state of t		CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)								
E L		work at wark	ory, siteer, direct diag., etc.)	6, 1							
	21 I certify that (1) (this haspital) at		3-7.1	96/ta 3 -8 , 196 /that (1) (we) last							
	saw the deceased alive an	196/, and tha	death accurred at								
	22a SIGNATURE	2011.		MED. STAFF 22b. DATE SIGNED							
	77c PHYSICIANS	foll of MI	22d ADDRESS	DIRECTOR LI PHYS. LI 7/8/6/							
	NAME (Type) ARTURE	0 1560	1594	1). Walhmoter 86							
230	BURIA, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Yown) (County) (State)							
	BWY44(Spenty) 3/11/67	Lutheren C		Sylwan Franklin Co Pa							
24	FUNERAL DIRECTOR Hagerstown Andrew K. Coffman	Md. ADDRESS Home	The Beatter	BY REGISTRAR 256 REGISTRAR'S SIGNATURE							

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funding director, page 3 should be detached for use as the burial-transit permit. Then please camove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter dealth or the should be filed with the State Dept. Page 4 may be retoined by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		03001	CERTIFICATE	OF DEATH	104	14339	
		PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceosed lived, if institution: Re	sidence before odmission)	
	٩	WASHINGTON	MARYLAND	o STATE MAR	YLAND 6. COUNTY WA	SHINGTON	
	ŀ	o. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If ou	tside corporate limits, write RURAL and	give neorest town)	
		WILL I AMSPORT	45 YRS	WILLIAM	SPORT	51.1	
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
		HOME		23 W.CHU	RCH ST.	YES NO X	
		NAME OF First	Middle	Last	4 DATE Manth	Doy Yеат	
		DECEASED (Type or print) HARRY	HORINE	SHANK	OF DEATH 3	28 19 67	
	S. 5	SEX 6. COLOR OR RACE 7. MARRIED	K NEVER MARRIED 8	B DATE OF BIRTH	9. AGE (In years IF U)	NDER 1 YEAR IF UNDER 24 HRS	
		M MIDOMED	DIVORCED	3.2.1895	eost berthday) Men 72 yrs.	ins days noors min.	
	100.	USUAL OCCUPATION (Give kind of work done 10b. Kil	ND OF BUSINESS OR	11 BIRTHPLACE (County)	& State, or foreign country)	2. CITIZEN OF WHAT	
			MILLS		K COUNTY MD	U.S.A.	
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
		GEORGE SHANK		ESTA_HO			
	15. (Ye:	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S s, no, or unknown) (If yes give wor or dates of service)		NFORMANT	Address	MD. T	
-		NO	ANN	IE A SHAN	K 23 W, CHURCH		
- 1		18. CAUSE OF DEATH (Enter only one couse per line for PART I, DEATH WAS CAUSED BY.	7	11 - 1	- 1 kg. m	ONSET AND DEATH	
		IMMEDIATE CAUSE (o)	(Aoc gray)	2/ 1000 3	suction.	1000	
		Conditions, if ony, which gove)	K Ha a	المصيمام		1010x	
		rise to immediate couse (o),	Mineral	CHEVOSI		1075	
		storing the underlying couse (c)					
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH RUY NOT RELATED TO T	THE TERMINAL DISEASE OUR	UDITION GIVEN IN PART 1/n)	19. WAS AUTOPSY	
?	CATION	III -	O DEATH BOY HOLINGTON TO	THE PROPERTY OF THE PARTY OF TH	with the feet to	PERFORMED?	
	FCA	20o ACCIDENT WAS UNDERLYING.□ 20b DES	SCRIBE HOW BHORY OCCURRED. (Enter noture of injury on t	Part I or Part II of Item 18)	175	
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d IN		E OF INJURY (home, form		(County) (State)	
	OHED WED	Hour o.m. While at work		ory, street, affice bldg., etc.)	Williamsport	Maryland	
		21. I certify that (I) (this haspital) attend	led the deceased fram N	ovember 251	960 to Feb. 9	19.67, that (!) (we) last	
		saw the deceased alive an Feb. 9	19 <u>.67</u> , and that	death accurred at	M, fram causes and c	on the date stated above.	
		220. SIGNATURE	-	ATTENDING	MED STAGE	b. DATE SIGNED	
		- JIII Filli	/ M.D	PHYS. 22d ADDRESS		arch 30, 1967 aryland	
,		22c. PAYSICIAN'S NAME (Type) M. E. Byrkit			otomac Street, W		
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)		
)	200	850H (PALY) 3.31.67	ST.PAUL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	` '	RING WASH.	
	24	FUNERAL DIRECTOR	ADDRESS	25g RECID	BY REGISTRAR 256 ALEISTRA	R & GNATURE	
di .	1	formed of Grove on	0000 A	me DAPK	3 1961 /	and Jungan	
	4-1		ALLEN THE PARTY OF				

TO HOSPITAL OR ATTENDING FINYBICIAN: The law requires that the Leath certificate be executed within 24 haurs after Leath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages hauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after acting Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



to Hospital or attending Physician: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditions filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept of Health priar to burial, crematian, ar removal, and in any went, within 72 haurs after death

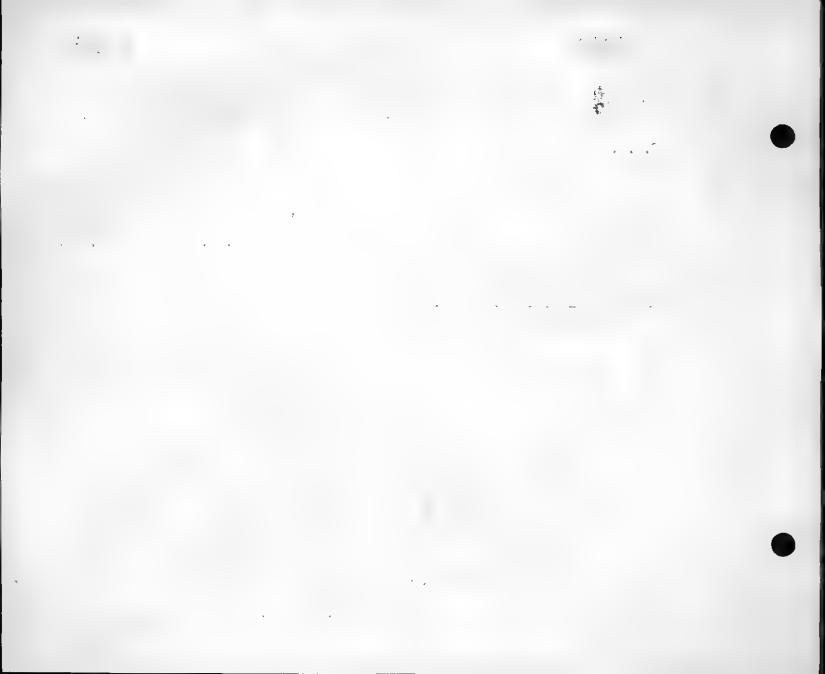
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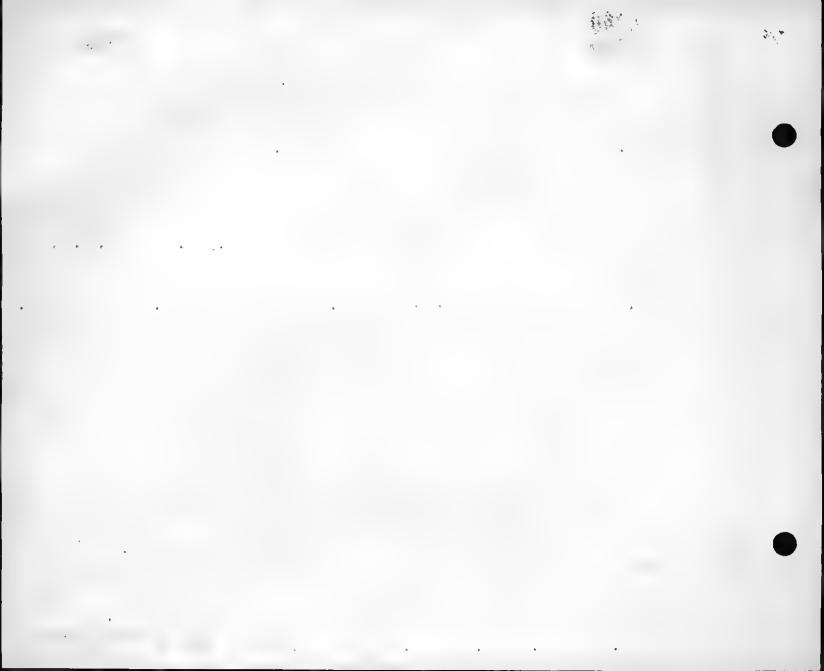
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04340

		0433	8		CERTIFIC	ATE	OF DEATH		045	140	
		PLACE OF DEATH COUNTY	WASHINGTO	V	MÄRYLA	ND.	29 4 9 2	there deceased lived, if institu YLAND b COL		te before odmission SHINGTON)
	i		outside corporate limits, Laive nearest town) RSTOWN		3 MOS.	b		side corparote limits, write RI HAGERSTOWN	JRAL ond give	nearest town)	
9	d NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, of D.O.A. WASHINGTON COUNTY H						d. STREET ADDRESS LETTERSB	URG PIKE		e IS RESIDE ON A FAR YES N	SW5
	- (NAME OF DECEASED Type or print)	ALBERT		Middle BERLEY		SHEALY	4 DATE MODE OF MARCH	7	Day Year 19 6	7
		TALE	WHITE W	MARRIED X	DIVORCED (AY 20, 1900	9 AGE (In years last burnday) OO yrs	Months	Doys Hours	24 HRS. Min.
	Ŕľ	ETIRED S	(Give kind of work done Lie, even if retired) HOOL TEACHER	PUBI	OF BUSINESS OR		NEWBERRY	State, or foreign country)	701	IZEN OF WHAT INTRY? J.S.A.	
		FATHER'S NAME NO	DAH E. SHEALY					NE CHAPMAN			
	!S (Ye		R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv		5-03-5034		IFORMANT S. KATHERINE	HAGERSTOWN SHEALY LEIT	•	YLAND RG PIKE	
		PART I DEA	ATH (Enter anly one cause pe IH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b). and (c).)	La	a febr	Meter	No.	INTERVAL BETW ONSET AND DE	
		Conditions, if any rise to immediate	, which gove) (b) _	Dr	wh Cor		noc	clusing		5m	_
		stating the under	rlying couse (c)	A21	Lum	ler	etic / Se	ord Des		unsh	
ŝ	CERTIFICATION		GNIFICANT CONDITIONS CONTR							19 WAS AUTOP PERFORMED YES N	PSY D? 10 4
			UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					ort I or Part II of item 18)			
	MEDICAL	Hour a.r	n. 19	While of work	Not While ot work	focto	E OF INJURY (Home, Farm ary, street, office bldg , etc.)	20f (Cty ar town)	(Cou	,,	lote)
		saw the de	y that (I) (this hospital eceased alive an ha) attended scl 7	the deceased from 19 4 7, and	that	March 3, 19 death accurred at/	27, ta Meza 230/M, fram causes	and an th	e date stated	e) las abave
		22c. PHYSICIAN'S	Lawren	LY	Jack	Me		MED STAFF DIRECTOR PHYS		TE SIGNED 1967	
1	230	NAME (Type)			ER, JR. M.		145 W. W	ASHINGTON ST		RSTOWN, I	
		REMOVAL (Specify FUNERAL DIRECTO	3/7/196	5	RAND VIEW		,PARK CEM.	ROCK HILL		ROLINA	ile)
	24.			AGERS	TOWN, MARY	LAN	4445	10 1967 80	iorles	Judge	





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04340

CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY THE CASE IN COLOR			Where deceased lived, if institution Residen	ite before admission)			
	Washington	MARYLAND	°. SIAM aryla					
	b CITY OR TOWN (If outside corporate limits,	C LENGTH OF STAY IN 16	c CITY OR TOWN (If our	itside corporate fimits, write RURAs and give	e nearest town)			
	write RUPAL and give negrest town) Hagers to Wn	4 Yrs	Sykesv	/ille	- 1			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	'	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	Coffman Home for Agir	1g	Springfi	Leld State Hosp.	YES NO.			
	NAME OF First DECEASED TOT COTTO TO	Middle	Lost	4. DATE Month	Doy Year			
	(Type or pnnt) ELIGIE IV	MAY SHIPP		DEATH MATCH 18 1				
5		NEVER MARRIED TE	B. DATE OF BIRTH	9. AGE (In years IF UNDER				
	Female White widowed	DIVORCED 1	May 6 1895		Doys Hours Min			
100	USUAL OCCUPATION (Give kind of work done 10b. KIN	ND OF BUSINESS OR	11. BIRTHPLACE (County !	& Stote, or foreign country) Pa 12 CI	TIZEN OF WHAT			
OUI,	ing most of working life, even if retired) HOUSEWORK	Hospital	mercersbu	irg Franklin Co	TIZEN OF WHAT OUNTRY? USA			
	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	Cyrus J. Shipp		Mary Blai	r				
15.	WAS DECEASED EVER IN HIS ADMED EXPISES 14 C	SOCIAL SECURITY NO 17 II	INFORMANT	Address				
(Ye	es, no, or unknown) (If yes give wor or dotes of service)	5-14-1904 M	rs Marie H	Leyworth 66 West	Side Ave			
m	18. CAUSE OF DEATH (Enter only one couse per time for			rtown d.	INTERVAL BETWEEN			
	DADY & DEATH MAS CANCED DO	ONSET AND DEATH						
	IMMEDIATE CAUSE (6)	te Coronary Occ	J.J. 14 D an (/ 4 -		70 1122			
	Conditions if any subub assets Atho	erosclerotic he	eart disease		Unknown			
	rise to immediate couse (a).	rise to immediate couse (a).						
	storing the underlying couse							
		TOTAL DUT NOT BELATED TO	TO JOAN D CLASS CO.	THE CHIEF IN BAST 17-1	19 WAS AUTOPSY			
S	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PAKE I(0)	PERFORMED?			
3		- country			YES NO -			
MEDICAL CERT.FICATION	200 ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED ((Enter noture of mulsiy in t	Port or Part II of item 1B.)				
ICAL	20c TIME OF INJURY Month, Day, Yeor 20d IN.		CE OF NJURY (Home, form,		unty) (Stote)			
MED	Hour o.m While of work		tory, street, office bldg., etc.)					
	21. I certify that (I) (this hospital) attend		ar. 18 1	9 57 to Har. 18 19	57 that (1) (3820 last			
	saw the decreased give on attachdan	Ous 19 , and that	t death accurred at	11:55 M, fram causes and on the	he dote stated abave.			
	220. SIGNATUSE	1 -		22b D/	ATE SIGNED			
	Chied Common	mp MD	D. PHYS.	MED STAFF Mar	ATE SIGNED 1967			
	22c PHYSICHAN'S							
	NAME (Type) villiam T. Layma	n, M.O.	100 Profe	essional Arts Bldg,	Hagerstown,			
230	BUR AL (REMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	CREMATORY		(County) (State)			
	15/04 15 15 15 15 15 15 15 15 15 15 15 15 15	Rose Hill (Cemetery	Hagerstown Wasl	h Co Md			
24	FUNERAL DIRECTOR Hagerstown	Md Appress neral Home In	2So. REC'D	BY REGISTRAR 25b REGISTRARS S				
	Andrew K. Coriman Fun	letar home r	MAR 2	2 2 1967 Jeliantes	Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove torbon popers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in one event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retoined by the hospital or attending physician. VR A15 (4) 25M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 a. STATE after Washington
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Washington Marvland MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 bon papers. Pag within 72 hours hours filled in Hagerstown | Life
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Clear Spring d. STREET ADDRESS B. IS RESIDENCE 114 ON A FARM? YES NOT Washington County Hospital ear. executed within and completely emove carbon | NAME DE Middle 4. DATE Year DECEASED OF event, (Type or print) DEATH 19, 7 James Allen Shirlev March 5th AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Y nding physician and c... Then please remover removal, and in any e Male White WI00WED DIVORCED

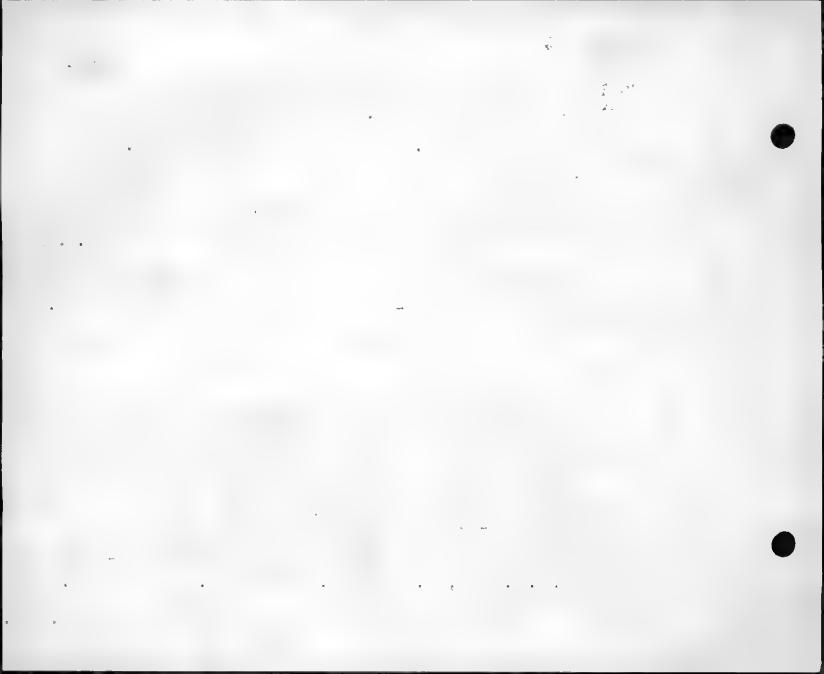
103. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR WIOOWED DIVORCED [Feb 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) certificate be COUNTRY? TISA Wash, Co. Maryland 13. FATHER'S NAME been signed by the attending the burial-transit permit. Then or to burial, cremation, or remon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANT Ellen 16. SOCIAL SECURITY NO. (Yes. no. or unkown) ((If yes give war or dates of service) death 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) or attending physician. 1 days **OUE TO** 120 Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the D FUNERAL DIRECTOR: After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO [20a. ACCIDENT WAS PADERLYING ZOR CONTRIBUTING TICAUSE OF DIATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) ace to Cleeb levels of flex
206. DESCRIBE HOW INJURY OCCURRED. (Engir nature of Injury in Part I or Part II of Item 18.) retained by the hospital OR ATTENDING PHYSICIAN: be retained by the hospital MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. 19 at work 21. I certify that (I) (this-hospital) attended the deceased from that (I) (we) last and that death occurred at \$2.54M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURI MED. ATTENDING STAFF M.O. PHYS. DIRECTOR Ξãy PHYSICIAN'S 22d. ADDRESS NAME (Type) 4 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) 2 Co. Maryland Buria T Wash. March 25h REGISTRAR'S CIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR Charles 196 VR A15 (4) Clear Spring 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- [DIVISION OF VITAL RECORDS, 301 W. FRESTON STREET, BALTIMORE, MAKIEAND 21201
A A de		04342 CERTIFICATE OF DEATH 04342
er deat	Ī	PLACE OF DEATH a COUNTY WASHINGTON MARYLAND 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence decide admission) b COUNTY WASHINGTON
by the l Pages aurs aft		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WILLIAMSPORT C LENGTH OF STAY IN 1b A YRS. C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
nin 24 haurs o filled in by th papers. Pag thin 72 haurs o		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) HOMEWOOD CHURCH HOME, INC. d. STREET ADDRESS 309 S. MULBERRY ST. e 15 RESIDENCE ON A FARM? YES \[\] NO [2]
completery fil		NAME OF DECEASED (Type or pnnt) NAME OF DECEASED (Type or pnnt) NAME OF DECEASED (Type or pnnt) ANNA MAY SIGLER A DATE Manth Doy Year DEATH MARCH 21 19 67
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leath certificate b ending physicion nit. Then please ar remaval, and i	1	ISAAC REYNOLDS 14. MOTHER'S MAIDEN NAME ANN REBECCA FULTON
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requires thrage physician. n signed by b burial-trai		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY: Hypertensive Cardio Vascular Disease Several Vears
PHYSICIAM: The law re e hospital or attending his certificate has been stached far use as the Dept. af Health priar ta	ATTON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A TOPSY PERFORMED? YES NO DEATH
	CEPTIFICATION	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18)
	MEDICAL	pm. of work — of work —
OR ATTENDING be retained by the IRECTOR: After a shauld be ded with the State		21 certify that (I) (this hospital) attended the deceased from 1 = 2 , 19 61, to 3 = 21 , 19 67, that (I) (we) to saw the deceased alive an 2 = 27 , 19 67, and that death accurred at 7 . 3 M, from causes and an the date stated above
O HOSPITAL OR ATTENDED Page 4 may be retained be FuneRAL DIRECTOR: Af director, page 3 shauld be shauld be filed with the S		220 SIGNATURE AND OPEN STAFF 1220 DATE SIGNED 220 DATE SIGNED 3-22-67 220 ADDRESS
O HOSPITAL OR Page 4 may be to O FUNERAL DIRE director, page 3 shauld be filed v		NAME (Type) Dr. E. W. Ditto, Jr. 215 W. Washington St., Hagerstown, Md.
Poge To Ful direct shau		a. BURIAL, CREMATION, REMOMENTAL 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (Gity of Town) (County) (State) REMOMENTAL 3/23/67 CAVETOWN REFOMED CHURCH CAVETOWN WASH. MD
VR A15 (4)	1	A FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE MAR 2 7 1967 UCUANIA QUICA



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04343 MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Resi 1 PLACE OF DEATH d. COUNTY o STATE Maryland Washington MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) b CITY OR TOWN (If putside carparate limits, c LENGTH OF STAY N 1b write RURAL and give nearest town)
Boonsboro Life Boonsboro d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? NO 📆 15 Young Ave. 15 Young Ave. 4 DATE 3 NAME OF First Middle DECEASED Wilbur March 17, 67 Smith Guy DEATH (Type or print) 9 AGE (In years IF UNDER 24 HRS JE UNDER 1 YEAR 7 MARR ED B DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED last b rthday) Haurs White W DOWED DIVORCED Dec. 22, 1900 Male 12 CITIZEN OF WHAT 10a JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 SIRTHPLACE (State or foreign country) Aircraft during most of working life, even fret red)
Sheet Letal Worker **EQUATRY?** Boonsboro, Md. U. S. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Donivan C. Smith Martha E. Lapole 17 INFORMANT Haderstown, Md. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOF A. SECURITY NO. (Yes_no, or unknown) (If yes give war or dates of service 220-05-6807 Mrs. Myrtle E. Smith, 15 Young Ave. No. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Coronary Thrombosis Few minutes DHE TO Arteriosclerotic Vascular Disease Canditions if any, which gave rise to Immediate cause (a), DHE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIF (ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES EX NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) 20g EXTERNAL CAUSE WAS PRIMARY [1] or CONTRIBUTING [1] CAUSE OF DEATH (State) 20e PLACE OF INJURY (Hame, form, (City or town) (County) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED foctory, street, affice bldg , etc.) Haur am. at wark 21. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection . Inquiry [and in my apinion Undetermined manner Natural causes [3] Accident . Suicide . Homicide | death resulted fram CHIEF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 3-18-67 DEPUTY MEDICAL EXAMINER

moy be retained for yaur FUNERAL DIRECTOR: Page funeral director. 5 moy be TO FUNERAL Health or i VR A15ME (5)

Department

with the mate

pleose execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages I director. Page 4 should be farwarded to the Chief Medical Examiner's Office alang_with for

This certificate shauld be executed within 24 hours after death

EXAMINER:

hours

in any event withhe

and

used as a burrat-transit permit. burial, cremation, ar removal,

prior to þe

designated agent,

3 should 1

S SEX

John H. Bast, Jr. 112 N. Main St. Boonsboro Md

MEDICAL

24 FUNERAL DIRECTOR

EXAMINER'S

NAME (Type)

23a BURIAL, CREMATION,

3- 20- 67 Boonsboro Cemetery ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Dr. E. W. Ditto.

235. DATE THEREOF

250 REC'D BY REGISTRAR MAR 2 1 196 1967

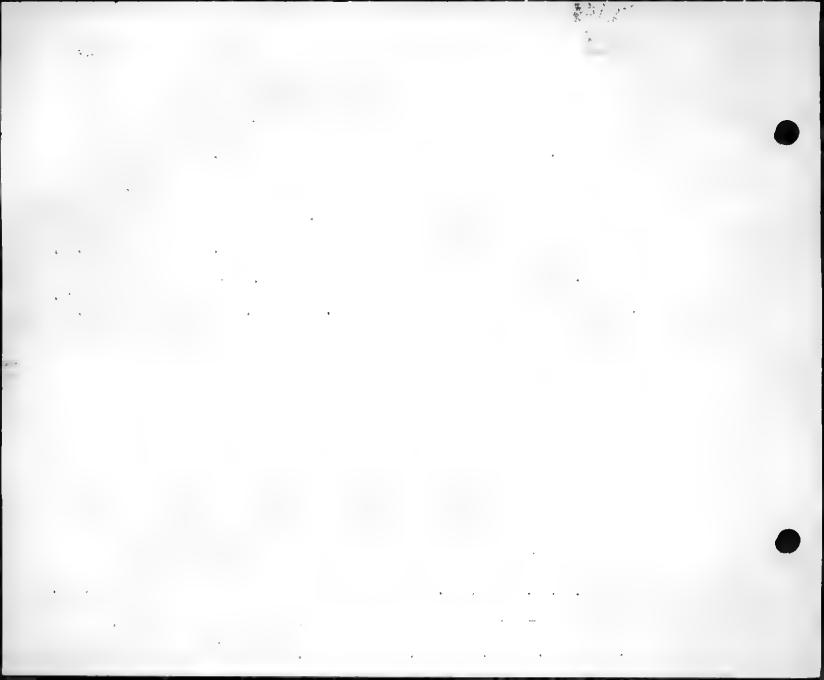
Boonsboro, Md. 251 REGISTRAPE SIGNATURE

(County)

(State)

Address (Street, city, town, or county) Hagerstown. Md.

23d LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

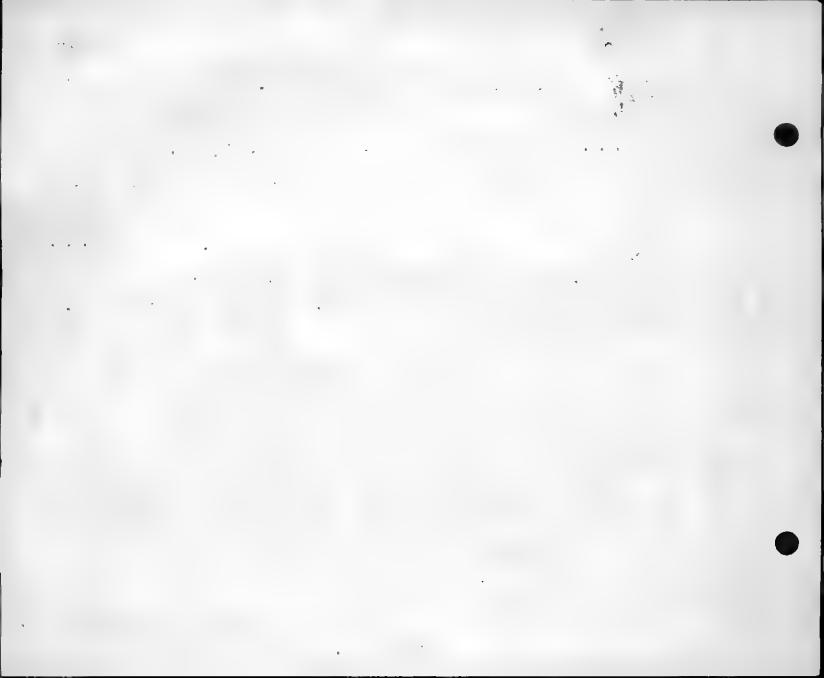
CERTIFICATE OF DEATH

ت عدد			04344		CERTII	ICATE	OF DEATH		U4345
			PLACE OF DEATH				2. USUAL RESIDENCE (V	Where deceased lived, if institut	tran Residence befare admission)
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th the same s	- 1	b	CITY OR TOWN (If autside carparate lim	ts,	c LENGTH OF STAY			tside carparate limits, write RUI	
aur by Taur	-	- (Chewsville P.O.	30x 92	ll Yr	S		sválle Box #	
d in d in pers	00	(I. NAME OF HOSPITAL OR INSTITUTION (IF	iot in haspital, giv	ve street address)		d STREET ADDRESS	tz Road	B. IS RESIDENCE ON A FARM?
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ecuted within 24 campletely filled are perban pape y event, within 72	L	- {	OFCEASED VICTO		(NMN)		SMITH	OF March	8.1967
and camp		5 2	Sex 6. COLOR OR RACE White	7 MARRIED X	NEVER MARRIE DIVDRCE				Manths Days Haurs Min
that the death certificate be executed within 24 haurs after an an accompletely filled in by the two transit permit. Then please remare expent, within 72 haurs at a cremation, ar remayal, and in any event, within 72 haurs at a cremation, ar remayal, and in any event, within 72 haurs at a constitution, ar remayal, and in any event, within 72 haurs at a cremation, are remayal, and in any event, within 72 haurs at a cremation, are remayal.		10a. duri	USUAL OCCUPATION (Give kind of work doning mast of warking life, even if retired)	TOB. KIN	D OF BUSINESS OR USTRY Bank:			State, or foreign country) P Alleganey C	LUINIBAS
ficat ysici ple al, a	Ī	13.	FATHER'S NAME				14. MOTHER'S MAIDEN N		
certi pla hen navi	- [Joseph A. Smit	:h			Katherin	e Keuster	
oding t. T		IS.	WAS DECEASED EVER IN U.S. ARMED FORCES s. na, ar unknown) (If yes give war or dates	of carvical	OCIAL SECURITY NO.		NFORMANT	Addre	
atter	Į	Ţ			-01-279	5 Mrs	Corena S	mith Chewsy	
quires that the physician. signe! by the contral transit purial-transit purial, crematio			18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	,		domin	Waltz R al & genera		INTERVAL BETWEEN ONSET AND DEATH ONTHS
									3 months
equires physici signell burial-			Conditions, if any which gave inse to immediate cause (a),	(b) Sarcon	na, prima	ry 1n	jejunum		certain
0			stating the underlying cause last.	(c)					
ne la ntenc as b as pria		<u>.</u>	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO	MARIN	LATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
1: The arrange to the harmonic use alth	×	FICATION			None				YES NO 🗵
PHYSICIAN: The law rate making in the property of the certificate has been stacked far use as the Dept at Health priarta			200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY (OCCURRED. (Enter nature of injury in F	Part I ar Part II af item 18.)	
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ATTENDING stained by th CTO After the shauld be de ith the State	İ	1	21. I certify that (I) (have Alice	spitat) attende		fram_F	eb. 28 ,!	967 to Mar. 8	, 1967, that (I) (we) last and on the date stated above
TENI Jinea auld auld				ar. 8	1957	and that	death occurred at	5: 15 M, fram causes	
~ ~			220 SIGNAPORE Teurs		N O		ATTENDING	MED STAFF PHYS	22b. DATE SIGNED
TAL OR	-1	4	22 PHYSICIAN'S CART TO A T	m 7	71	M D			<u> </u>
may may RAL ', pag	1		NAME (Type)	T. Layma	an, M.D.		TUU Prof	essional Arts	Bldg, Hag., Md.
O HOSPITAL Page II may II FUNERAL I director, pag shauld be fil	1	23a	. BURIAL, CREMATION, 23b. DATE T	HEREOF	23c NAME OF CEN	IETERY DR (REMATORY	23d LOCATION (City or To	iwn) (County) (State)
Fage II may Page II may III Eliminate director, page shauld be fi	1		图 3/13/	67	Cedar I	awn	Mem. Park	Hægerstown	n Wash Co Md
VR A15 (4) 25M 1/67	*	24	funeral direction Hager Andrw K. Coffma	stown N n Fune:	id ADDRESS ral Home	Inc	MAR 250. RECD	BY REGISTRAR 25b, RE	GISTRAR'S SIGNATURE

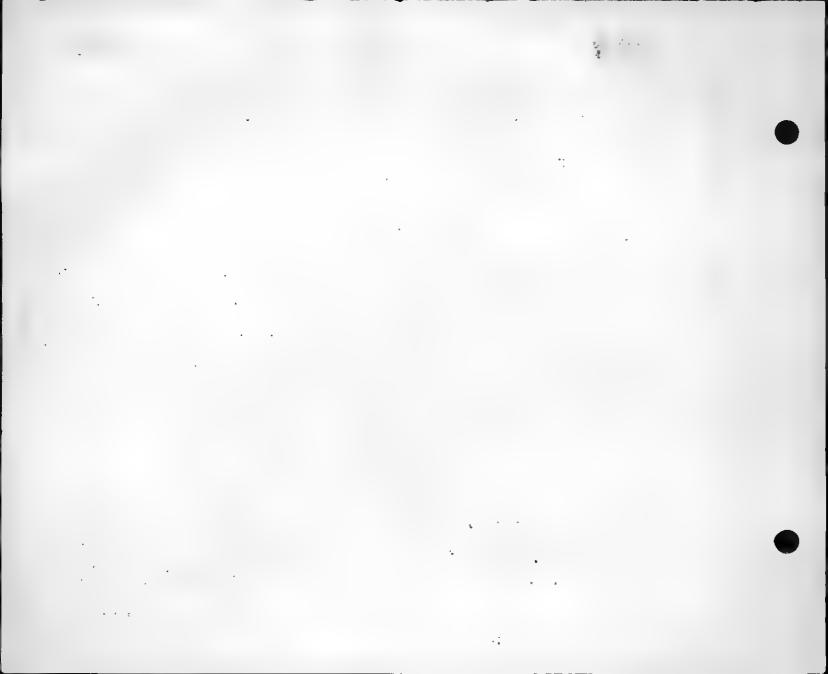


04345 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funefal remove carban papers. Pages I and in any event, within 72 haurs after deat PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Washington Franklin MARYLAND CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) LENGTH OF STAY IN 16 write RURAL and give nearest town)
Hagerstown Waynesboro d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? D.O.A. Washington County Hospital 22 Mt. Airy Ave. YES NO 😿 Middle 3. NAME OF Last DATE Month Year DECEASED Hypatia Snider March 1967 (Type ar print) Ann DEATH AGE (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Manths Days Hours Female White 1/6/1896 signed by the attending physician and co burial-transit permit. Then please remo burial, cremation, ar remaval, and in any WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR INDUSTRY Waynesboro Pa. Seamstress 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles D. Snider Mamie Stewart IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates at service Mrs. Paul McFerren. Waynesboro Pa. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause etached far use as the Dept. af Health priar ta last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) factory, street, office bldg., etc.) Haur a.m. 21. I certify that (1) (this hospital) ottended the deceased from director, page 3 shauld shauld be filed with the 61969 and that death accurred at 21467M, from couses and an the date stated above. saw the deceased alive on. 22b DATE SIGNED 22a, SIGNATURE STAFF ATTENDING M.D. DIRECTOR 22d. ADDRESS TO HOSPITAL (Page 4 may b 22c. PHYSICIAN'S Edson B. 1455. PROSPECT ST. NAME (Type) 7000 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Wavnesboro #2 Franklin REC'D BY REGISTRAR ADDRESS FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967 Waynesboro Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

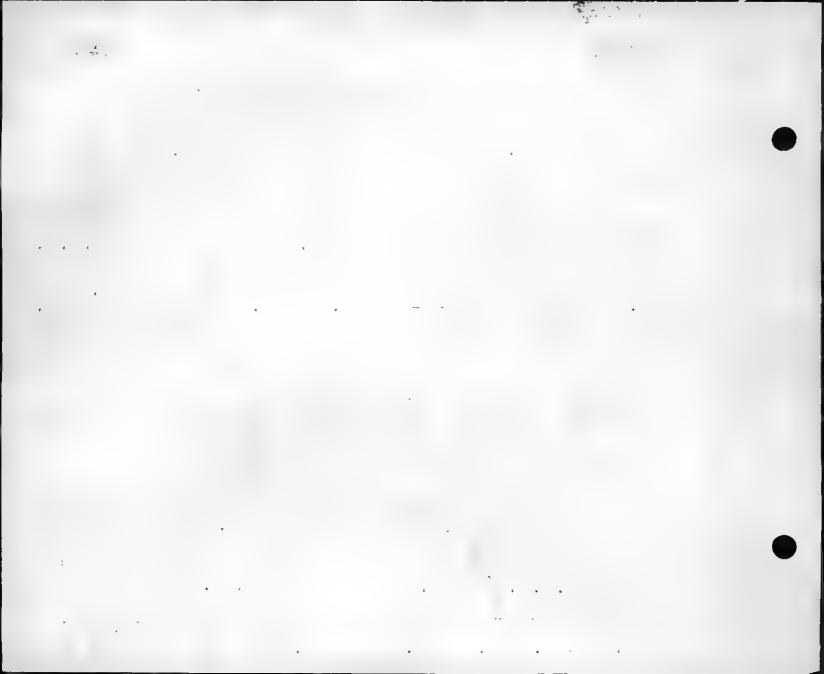


20M 1/65



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ges		Ì	c. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 16		ıtside corporote limits, write RURA	
Pa Pa			Hager stown		50 Years	Hagersto	Wn	21-1
· # Si &		(I. NAME DF HOSPITAL DR INSTITUTION (If not	in haspital, gi	ve street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
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physician. signed by the attending physician and campletely fillset-in by the fur burial-transit permit. Then please remave carbor papers. Pages 1 burial, crematian, ar remaval, and in any event, within 18-18 habrs after		Ī	NAME OF First DECEASED Type or print) Jacob		Middle lvey Sn	Lost yd er	4 DATE Month OF DEATH March	,
mpl ever		S. 5	EX 6. COLOR OR RACE	7 MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
2 C C C C C C C C C C C C C C C C C C C			Male White	WIDOWED	DIVORCED	August 10,	1883 83 yrs.	Months Doys Hours Min
an and ase re nd in c		10o. duri	USUAL OCCUPATION (Give kind of work done namest of working life, even if retired) Sexton		D OF BUSINESS DR USTRY nurch	1	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
/Sici		_	FATHER'S NAME			14. MDTHER'S MAIDEN I		0. 0. 4.
Ph navo			Jacob Milton Snyder			Ella Hil	debrand	
ling Ferr		IS	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO. 17 II	FORMANT	Hagerstown	n Md .
attenc ermit an, ar		(Ye				. Goldie D.	Snyder, 1509	Virginia Ave.
the nsit p		-	 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: 					INTERVAL BETWEEN QUSET AND DEATH
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きを手		L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRED (Enter noture of injury in I	Port I or Part II of Item 18.)	
the h this detac		MEDICAL	20c. TIME DF INJURY Month, Doy, Year Hour o.m. 19	20d. IN While of wark	Not While focto	E OF INJURY (Home, form ry, street, office bldg., etc.)		(County) (State)
Affer Affer be Star		ľ	21. I certify that (I) (this hospi	tal) attend	ed the deceased from J	uly 1, 1	963 , to March 15	_, 19 <u>.67</u> , that (I) (we) las
ECTOR: / shawd with the		-	saw the deceased alive an Ma	<u>rch 13</u>	, 19 <u>67</u> , and that	death accurred at	5 A. M, fram causes ar	nd an the date stated above
RECTOR: A 3 shaud 1 with the			220. SIGNATURE	1	M.D.	ATTENDING PHYS	MED. STAFF DIRECTOR PHYS .	226. DATE SIGNED March 17. 1967
y by by defined filler			22c. PHYSICIAN'S	1		22d. ADDRESS	DIRECTOR ED 11115 ED	march II. 1701
may RAL r, pog	/ [NAME (Type) Dr. E. W.	Ditto,	Jr.	Hagerstow	n, Md.	
Page 4 may be of FUNERAL DIRI director, page 3 shauld be filed v		23a	BURIAL CREMATION 235 DATE THER	OF	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town	i) (County) (State)
Page direct shau			REMOVALISPECITY 3- 18-	- 67	SalemReformed			town, Md.
	1		FUNERAL DIRECTOR		ADDRESS	250 BECT		STRADS SIGNATURE
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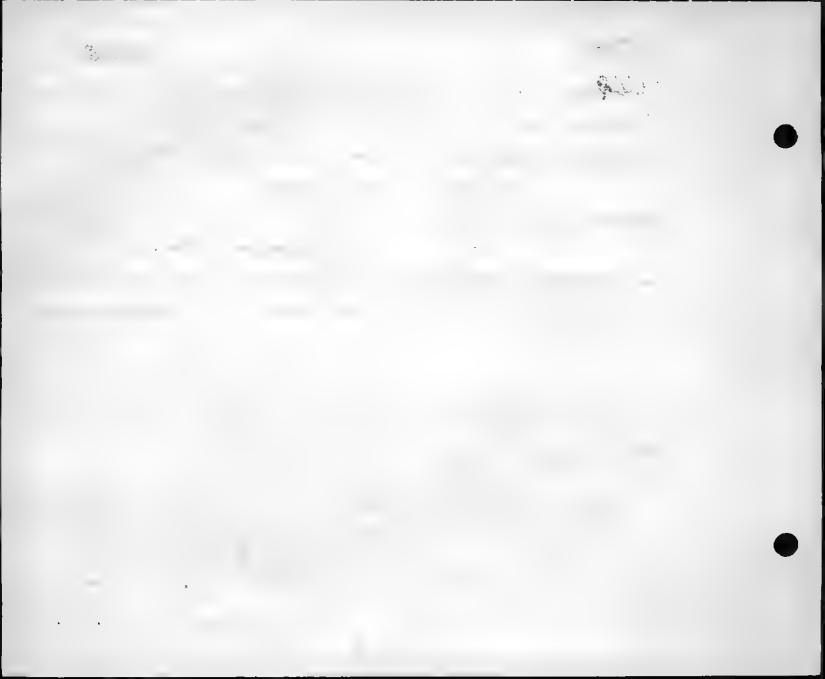


"Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		04348	CERTIFICATE	OF DEATH	04	349
		PLACE OF DEATH O. COUNTY		o. STATE	re deceased lived, if institution Re b. COUNTY	
	_	b. CITY OR TOWN (If outside corporate limits,	MARYLAND c LENGTH OF STAY IN 16		le corporate limits, write RURAL on	ASHINGTON
		write RUBAL and give nearest town)	C CLIONI OF SIAC IN 10	//	257000	a give nobless towns
2	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	rospital, give street oddress)	d. STREET ADDRESS	51000	e. IS RESIDENCE
		WASHINGTON COU	INTY HOSPITAL	43 M	FRIFY PARKE	ON A FARM? YES NO V
		NAME OF First DECEASED	Middle 2		DATE Month	Doy Year
-)	- 1	(Type or print)	ABY GIRL	STEWART	DEATH	31 1967
	5 !	- 11	MARRIED NEVER MARRIED B		last birthday) Mon	NDER I YEAR IF UNDER 24 HRS. Iths Doys Hours Min.
	100	JSUAL OCCUPATION (Give kind of work done	IDOWED DIVORCED 106 KIND OF BUSINESS OR	3-31-67	tote or foreign country)	12. CITIZEN OF WHAT
		ing most of working life, even if retired)	INDUSTRY	Mequinera	Ca MARYAND	COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	14.00
		LAURENCE EVE	CETT STEWART	PATRICIA	ALICE 11	BCARTHUR
	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown). (If yes give wor or dotes of serv		NFORMANT	Address	
	È			OTHER	43 MEA	
		1B. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY.	r line for (o), (b), and (c).)	4		ONSET AND DEATH
		IMMEDIATE CAUSE (o)	· Colonia	_0		
		Conditions, if any, which gave) (b)	Immate	iril		
		rise to immediate couse (a), Stating the underlying couse DUE TO				
		lost. (c)_				In was astroney
2	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT KELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
*	CERTIFICATION	200 ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in Port	I or Port II of item 18.1	I US [] NO [2]
	CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,,	,	
	MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m.		E OF INJURY (Home, form,	20f. (City or town)	(County) (State)
	WE	p.m. 19	of work of work	ory, street, office bldg , etc.)		
		21 certify that (I) (this hospital) ottended the deceased fram	7/3/ , 19 <u>6</u>	7 to 5/3/ 7/24 M, fram causes and	19 <u>6</u> that (I) (we) las
		saw the deceased alive an 3	/ 3 / 19 <u>6 /,</u> and that	death accorred at		an the date stated above 26. Date Signed
		7-20-6	Jen / M.	ATTENDING ME D. PHYS. DIF		1/3/67
		22c. PHYSICIAN'S' NAME (Type) E D DOTTE		22d. ADDRESS	Distance and History	ALBOYAL MD
1		To Do Doves			DMAC ST., HAGERS	
	230	BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)			23d. LOCATION (City or Town)	(County) (Stote)
	24	L FUNERAL DIRECTOR	1967 WASHINGTON CO	UNITY MOSPITAL	Y REGISTRAR 256 PEGISTRA	AR SESSONATURE
	٥٤	oher Asshaffer.	adm. Wash. 6,	DATE OF BATE 6	REGISTRAR 25b, REGISTRA	iles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funcal director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cantificately filled in by the functal director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Page Land is should be filed with the Stote Dept. of Health priar to buriol, cremation, or removal, and in any event, within 72 hours of the capelia.

MAKTLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	0
CENTIFICATE OF DEATH	

1	04349	CERTIFICATE	OF DEATH	0437	50			
-	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)					
	Washington	Washington MARYLAND		"Maryland Washington				
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside carparate limits, write RURAL and giv	ve nearest tawn)			
1	Hagerstown	D.O.A.	Hager	rstown	3 4			
1	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	Washington County Hos		144 So M	Mulberry St	ON A FARM? YES NO T			
	(Type or plant)	DECEASED OF ADEMOR WITELT AM SMOT			Dαγ Year 19			
	S SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DZ DIVORCED I	8. date of birth Dec. 16 18		Days Hours Min.			
	Discussion of Warking Lite, even if refreed) Supt of Walls U.S.Po	KIND OF BUSINFACTURED NOUTRY Office		& State, or foreign country) M. C. 12. CI	OUNTRY?			
	13. FATHER'S NAME			14 MOTHER'S MAIDEN NAME				
	11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	touffer		C. Hull				
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. or unknown) (If yes give war or dates of service) 217-28-6873 John R. Stouffer Sr Hagerstown							
	18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	for (a), (b) and (c),)	1800 liets a han	sterboro Road	INTERVAL BETWEEN ONSET AND DEATH			
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (c)							
,	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?			
		arlenosclerosis YES NO Y						
	GR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (E	Enter nature of injury in P	Part I or Part IJ of item 18.)	`			
	LO1 Hayram ' '		CF OF INJURY (Hame, farm, ory, street, aff ce bldg , etc.)		aunty) (State)			
	21. I certify that (I) (this haspital) atter	21. I certify that (1) (this haspital) attended the deceased from \$12 1963, to \$18 1967 that (1) (we) los						
	sow the deceosed alive on 3/3/6719, and that death occurred at 640 M, from causes and on the date stated above							
	220. SIGNATURE OLIVE Carry bell MD ATTENDING MED STAFF 226 DATE SIGNED & (06)							
	22c PHYSICIAN'S RoberT V.L.	Campbell	22d ADDRESS		ud			
	230 BURIAL CREMATION, 23b DATE THEREOF 3/12.67	Lutheren Ce	emetery	23d LOCAT ON (City or Iown) Bakersville Was	(County) (State)			
	24. FUNERAL DIRECTOR Hagerstown Andrew K. Coffman Fun	n Md ADDRESS neral Home Inc	MAR D.	BY REGISTRAR 25h REGISTRARS S	SIGNATURE			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

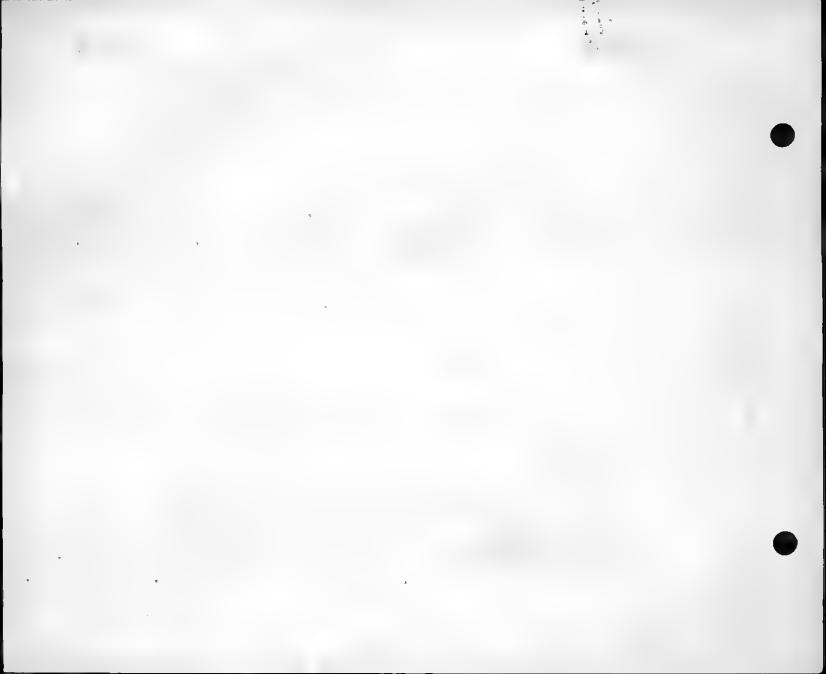
04350

CERTIFICATE OF DEATH

04351

- 1								
	1 PLACE OF DEATH O COUNTY WASHINGTON MARYLAND		MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) HAGERSTOWN		47 YRS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN	_			
- 5	d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)			d. STREET ADDRESS 6 IS RESIDENCE ON A FARM2.	_			
	MARTIN MANOR CONV. HOME				1004 MULBERRY AVENUE YES NO.	<u> </u>		
	(Type or print)				MLINSON 4. DATE Month Doy Year 67			
)	s.		OLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH DEC. 2,1897 9. AGE (In years lost birthday) OS yrs. IF UNDER 1 YEAR IF UNDER 24 HI Months Doys Hours Mile Manual Ma			
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MACHINIST RAILROAD			PHILADELPHIA CO., PENNA. 12 CITIZEN OF WHAT COUNTRY? S.A.				
	13 FATHERS NAME ALBERT S. TOMLINSON			N	14 MOTHER'S MAIDEN NAME MARY NEALL			
	15. (Ye	WAS DECEASED EVED IN HE	S ARMED FORCES? 16	SOCIAL SECURITY NO 17	INFORMANT HAJERSTOWN, MARYLAND RS. LOUISE TOMLINSON 1004 MULBERRY AVE.			
, ,	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Pyolonophritis IMMEDIATE CAUSE (o) Pyolonophritis							
		Conditions, if ony, which use to immediate cous	gove) (b) Prot	4 days				
		stoting the underlying lost.	couse (c)					
4	CATION	PART II OTHER SIGNIFICA Hypertens Malignant	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1. disease. 1. disease. 1. ona? 19 WAS AUTOPSY PERFORMED? YES \(\begin{align*}					
	L CERTIFICATION	200 ACC DENT WAS UNDER OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18)			
	MEDICAL	20c TIME OF INJURY Mo Hour o.m. p.m.	onth, Doy, Year 20d 11 While 19 at worl	Not While foc	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)			
	21. (certify that (1) (this hospital) attended the deceased from December 19 52 to March 9 1957, that (1) (we) las							
saw the deceased alive an Agrch 9 1967, and that death accurred at 7:59M, from causes and an the da								
		220 SIGNATURE	J. Jayman	, M.		7		
/		NAME (Type) WILLIAM T. LAYMAN M.D. 22d. ADDRESS PROFESSIONAL ARTS BG. HAJERSTOWN, MD.						
\	230	230 BURIAL (REMATION. BUNDAN (Specify) MARCH 13, 1967 REST HAVEN CEMETERY OR (REMATORY HAJERSTOWN, MARYLAND) (Stote)						
6		. FUNERAL DIRECTOR CHARLES M.]	250. REC'D BY REGISIRAR 1967 25b. REPOTRARS SUMATURANCE	-				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove cachen papers. Pages shauld be filed with the State Dept of Health priar to burial, cremation, ar removal, and in any event, within 72 hours of Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



			Division of STATIST	ICAL RESEA	RCH AND RECORD	05, 301	W. PRESTON STREE	ET, BALTIMORE, I	MARYLAND 2	1201	
15		04351	,		CERTIFI	CATE	OF DEATH			1435	2
		o, COUNTY	Washingt	on	MARYL	AND	2. USUAL RESIDENCE (W o. STATE Mari	there deceased lived, in the control of the control		dence before d ishingt	
rs aft		b. CITY OR TOWN write RURAL or	(If outside corporate limits, id give negrest town)		c. LENGTH OF STAY IN		CITY OR TOWN (If our		write RURAL and	give neorest t	own)
2	-		Soonesbo TAL OR INSTITUTION (If no		10 dae	12	d. STREET ADDRESS	erstown		21/	IS RESIDENCE
Sinon 77 minna			eder Nursin		re sileel buutess,			Westside	Ave.		ON A FARM?
	Ī	NAME OF DECEASED	Firs	st .	Middle	<u>'</u>	Lost	4. DATE OF	Month	Doy	Year
	ŀ	(Type or print) S SEX	6 COLOR OR RACE	7. MARRIED (Alverto		Droup DATE OF BIRTH	DEATH //	arch yeors IF UND	ER 1 YEAR TI	19 67 F UNDER 24 HRS
		Temale	White	WIDOWED			July 23, 1880	Look hire	thdoy) Months		Hours Min
		100 USUAL OCCUPATIO during most of working	N (Give kind of work done glife, even if retired)	10b. KIN IND	of Business or Dustry Home		11. BIRTHPLACE (County)	& State, or foreign coun	try) 12.	CITIZEN OF W	/HAT
		13. FATHER S NAME	0 1 6				14. MOTHER'S MAIDEN N				
	ŀ	IC WAS DESCRICED IN	Pacob Ex		OCIAL SECURITY NO.	1 17 11	L'idia NFORMANT	Auchey	Address III - a		· · · · M · I
		(Yes, no, or unknown)	(If yes give wor or dotes of	service) 175	5-10-5886		Clair H. Dro	oup 231 We	Address!dag stside f	lve.	
de la company de penderal, and man de la company de la com		18. CAUSE OF E PART I. DEA	DEATH (Enter only one cous ATH WAS CAUSED BY: / IMMEDIATE CAUSE (74,/	evorele	roll	cardes	raserla	n_	INTER ONSE	VAL BETWEEN
סטומו, מפוחמוומה, עו זפוזועלעו, מוומ זוו טוזע		Conditions, if on	DUE ' y, which gave ')	TO	di-	0	D (
	١	rise to immedia stating the und lost	te couse (o), erlying cause		- Wa	<u>U-NV</u>					ę
	2	PART II. OTHER S	IGNIFICANT CONDITIONS CO		O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19. W PE YES	AS AUTOPSY ERFORMED?
		■ OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED (Enter noture of injury in F	ort I or Port II of iten	n 18.)		
))		20c, TIME OF IN. Hour o	JURY Month, Day, Yeor .m. 19	20d IN. While of work	☐ Not While ☐		E OF INJURY (Home, form, ry, street, office bldg., etc.)	1	. 11	(County)	(State)
2		sow the	i fy thot (I) (this has deceased olive on N	oitol) ottend	led the deceosed f	rom nd thot	deoth occurred of	9 <u>6</u> / , to <u>//</u> <u>// At M, from (</u>	couses and or	the date	stoted obove
1		22o SIGNATUR	RUIT	11/3	n	M.D		MED. STA	FF C 5	DATE SIGNED	-67
snould be filed with the State Dept. at	1	22c. PHYSICIAN NAME (Typ		ikel	lan		22d. ADDRESS	moloro),	nd.	
2		230. BURIAL, CREMAT REMOVAL (Specif	ON, 23b. DATE THE	REOF 6/67	23c NAME OF CEMET Rest Hau		<i>Cemetery</i>		ity or Town) own, Wash	(County) rington	(Store)
1 1	M	24. FUNERAL DIRECT	ORW Lu. Ce	Har	ADDRESS	, d.d	1 1 1 1 1 2 2 2	By REGISTRAR 1 6 1967	25b. REGISTRAR	S SIGNATURE	Lee_
66	1	Kest Have	en Funeral (napel	Hagerston	Dr. 17	da DATE III	T 0 1001	1	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04352

CERTIFICATE OF DEATH

04353

	1. PLACE OF DEAT	1		2 USUAL RESIDENCE (Where	e deceased lived, if institution	Residence before admission)							
1	o. COUNTY	ngton	MARYLAND	o. STATE b. COUNTY Maryland Washington									
	b. CITY DR TOW	V (if outside corporate limits	c. LENGTH OF STAY IN 16	c CITY DR TOWN (If outside	c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	write RURAL	ond give neorest town)	Life			/							
		PITAL OR INSTITUTION (If not in ho		Keedysville	<u>e</u>	e IS RESIDENCE							
٥	4	Main St.	ospitor, gire street address;	54 N. Main	St.	ON A FARM? YES NO X							
	3 NAME OF	First	Middle		DATE Month	Day Year							
	DECEASED (Type or print)	Thomas	Ray Ve	lientine	of March								
	S SEX	6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS on this Doys Hours Min.							
	Male	White WH	DDWED DIVORCED	Dec. 16, 190		2 19							
	1Do. USUAL OCCUPAT	ION (Give kind of work done	1Db. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Sto	te, or foreign country)	12 CITIZEN OF WHAT							
	Upho	ng life, even if retired) Ster	NDUSTRY Furniture	Keedysvill	le, Md.	COUNTRY? U. S. A.							
	13. FATHER'S NAMI			14 MOTHER'S MAIDEN NAME									
		am A. Vatentine		Martha Emerson									
	Yes no or unknow	EVER IN U.S. ARMED FORCES? n) {If yes give wor or dotes of service	rel	INFORMANT	Address								
	No.	ii) (ii yos givo wor ar adies or saivi	214-09-6677 Mi	c. C. Foster Va	alentine, Keed	ysville, Md.							
	IB. CAUSE OF	18. CAUSE OF DEATH (Enter only one couse per line ton (o), (b), and (c).)											
	PART I	PART I DEATH WAS CAUSED BY. A CINTE MY search & rufar to 1008T AND DEATH											
	420	1201 DUE TO N D P											
		(conditions, if any, which gove) (b) there here here I las Jeans											
		rise to immediate couse (a), stating the underlying couse DUE TD											
	last.												
	PART !I. OTHER	PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
1	200 ACCIDENT	PERFORMED? YES ND U											
	를 20a ACCIDENT	20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Port II of item 18.)											
į		NG CAUSE OF DEATH IFY MEDICAL EXAMINER)											
	2DE TIME OF	NJURY Month, Doy, Year		ACE OF INJURY (Home, form,	20f (City or town)	(County) (State)							
	E Hour	Hour a m. While Not While factory, street, office bldg , etc.)											
	21 1 60	21. I certify that (I) (this haspital) attended the deceased from 12-1-, 1965, ta 3-3-, 1967, that (I) (we) last											
į	saw the	saw the deceased alive on 3-3-1961, and that death accurred at \$7. M, fram causes and an the date stated abave.											
		22c SIGNATURE ! /											
		MD ATTENDING PHYS DIRECTOR PHYS. 0 3-4-67											
,	22c. PHYSICIA NAME (Ty		SECONDARI	22d. ADDRESS	DONS BORO	Hd.							
4						11040							
	230. BURIAL, CREM. REMOVAL (Spe		23c NAME OF CEMETERY OF		23d. LDCATIDN (City or Town)	(County) (State)							
7		/ / / /	10001		Keedysville								
	24 FUNERAL DIRE		ADDRESS	25o. REC'D BY	4007 11/	liarles Judge							
	John H. E	ast, Jr. 112 N.	. Main St. Boonsbo	oro, Md DATE MAK	7 1967 /	9							

CV. TO HOSPITAL OF ATTINDING PHYSICIAM: The law requires that the death certificate be executed within 24 Lours after Math. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending planeary and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then place remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04353 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Wash. MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Hagerstown life. Hagerstown d. STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Washington County Hospital 324 Vista St. YES NO 3 NAME OF Middle Lost DATE Month Day DECEASED DORIS 267 MARIE VULGAMOTI March 67 (Type or print) DEATH JE UNDER 1 YEAK SEX 6 COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthdoy) Hours Dovs female white Feb. 24. 1921 WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) housewife INDUSTRY COUNTRY? Hagerstown, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Derrick F. Byrd Agnes B. Ashby 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Jack Osborne, Hagerstown, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line to PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO storing the underlying couse last. WAS AUTOPSY PERFORMED? ES 130 NO PART II DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour om. Not While at work at work 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an and that death accurred at YM AM, fram causes and an the date stated above. 220. SIGNATURE / DATESIGNED **ATTENDING** STAFF DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b./ DATE THEREOF 23d. LOCATION (City of Town) (County)

TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be filed w VR A15 (4) 20 M 1/66

requins that the Leath certificate be executed within 24 haurs after Leath

and campletely filled in by th

remaye carban

please

physician

signed by the attending phy

be retained by the haspital ar attending physician.

event

In any

ar remaval,

crematian,

burial,

as the prior to 1

detached fa te Dept. af F

þe

0

24. FUNERAL DIRECTOR Minnich Funeral Home, Hagerstown, Md.

CERTIFICATION

burial 3-29-67

23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery ADDRESS

2So. RECD BY REGISTRAR DAMAR

Hagerstown, Md. 2Sb. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04354

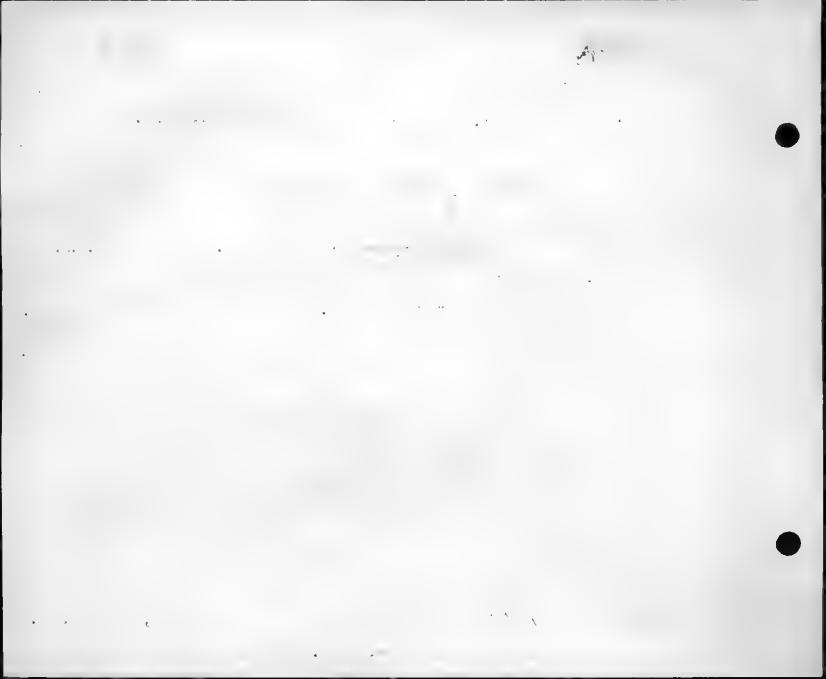
CERTIFICATE OF DEATH

04355

0.100.1												
1. PLACE OF DEATH				here deceased lived, if institutio								
" (OUNTY Washingte	on	MARYLAND	o. STATE Mary	rland b. COUNT	Washington							
b CITY OR TOWN (if autside corpara	te amits,	c LENGTH OF STAY IN 15		ede carparote limits, write RURA								
write RURAL and give neorest tov Rural Pan Mar	vn)	47 yrs	Rural I	Pen Mar, Penna	part .							
d NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS	,,	e. IS RESIDENCE							
a more of 1995 the or motions	(4) Not in nospilor, gr	TO STORE COME COS			YES NO							
3. NAME OF	First	Middle	Lost	4. DATE Manth	1							
DECEASED (Type or print)	Earl	Dean	Werdebaugh	OF Mai	rch 27 1967							
S SEX 6 COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF JNDER 1 YEAR IF UNDER 24 HRS.							
Male White	WIDOWED (DIVORCED 🔲	11/23/1892	last birthday) 74 yrs.	Months Days Haurs Min.							
10a USUAL OCCUPATION (Give kind of war		D OF BUSINESS OR	11 BIRTHPLACE (County &	Store, or foreign country)	12. CITIZEN OF WHAT							
during mast at warking inte, even if retired Clerk		USTRY Lway Express	Franklin, Pe	nna.	U.S.A.							
13. FATHER'S NAME	14401	LINES MADE COD	14 MOTHER'S MAIDEN NA									
Harry S. Werdel	hangh		Laura (reenwood								
IS WAS DECEASED EVER IN U.S. ARMED FO	DRCES? 16. S	OCIAL SECURITY NO 17	INFORMANT	Addres	s Box lile							
(Yes, no, at unknawn) (If yes give war at	dates of service) 71	5-03-4676	Mrs. Thelma W	daredobase	Pen Mar. Penna.							
I ID CALLSE OF DEATH (Spring only)	1 '		A THOUGHT W	ici debaugh	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:												
MMEDIATE CAUSE (0) CON CON CON CON CONTROL OF COLUMN COLUMN CONTROL OF COLUMN												
Conditions if any which cave a												
rise ta immediate couse (a).												
storing the underlying couse												
(1)												
PAKI II. UTHEK SIGNIFICANT CONDI	PERFORMED?											
200 ACCIDENT WAS LINDERLYING TO	YES NO 🔀											
20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH												
U(IF EITHER, NOTIFY MEDICAL EXAMINER)												
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Haur a.m. 40 While Not While factory, street, affice bldg, etc.)												
p.m or work a drwork												
21. I certify that (I) (th	is hospital) attend	ed the deceosed from	1ax 16 77, 19	67, to March 2	Z, 19 67, that (I) (we) lo							
	on 11 ic. ch 2	<u>フ</u> 19 <u>ムフ</u> , ond th	at death occurred ot∠	M, from couses o المراط ما	and on the date stated obov							
220. SIGNATURE	1 61	. /	ATTENDING	WED. STAFF	22b. DATE SIGNED							
1 Town	Trust A. Thurston M.D. PHYS DIRECTOR DPHYS. DE & Maiche 1967											
22c. PHYSICIAN'S NAME (Type) TO be	22c. PHYSICIAN'S NAME (Type) Robert A REFERENCE BLUE RIPLE SUMMIT PA											
23a BURIA. CREMATION, 23b. C	ATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or Tow	rn) (Caunty) (State)							
Decree and the last	/30/1967	Burns Hil	1	Waynesboro,								
24. FUNERAL DIRECTOR	10	ADDRESS	2Sa REC'D	BY REGISTRAR 2Sb. REG	SISTRAR'S SIGNATURE							
Well we	4	Warmaghana I	anna IMAR	30 1907 200	carles Judges							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and corpoletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove tarban papers. Pages I onto should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8 IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(State)

IF JNDER 1 YEAR | IF UNDER 24 HRS

Days.

12 CITIZEN OF WHAT

U. S. A.

COUNTRY?

(County)

22b DATE SIGNED

(County)

Months

YES NO X

Year

19 67

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o SWE Maryland Washington b. COUNTY MARYLAND hin 72 haurs after Washington by the Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hager stown c. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 10 Days Boonsboro papers. d. STREET ADDRESS .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled Garlock Mem. Convalesent Hospital 115 N. Main St. 3 NAME OF DATE remave carban First Month event, wit campletely DECEASED Louise Mheeler March 2. Mary (Type or print) DEATH S SEX 6 COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH AGE (In years 7 MARRIED last birthday) and in any Jan. 26. WIDOWED DIVORCED 1882 Female White and 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY the attending physician sit permit. Then please Housekeeper Boonsboro, Md. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya. William Wheeler Laurette Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Charles L. Meredith, Boonsboro, Ad. No. None crematian, IB. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if any, which gove rise to immediate couse (a), DUE TO ficate has been s far use as the t f Health priar ta b stoting the underlying couse fost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 this certificate 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) A. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) S Hour to m. factory, street, office bldg., etc 1 Not While at work at work After 2 21 | certify that (I) (this haspital) attended the deceased from filed with the 196 / and that death accurred at M, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22g. SIGNATURE M.D DIRECTOR PHYS directar, page should be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 3- 4- 67 Boonsboro Cemetery Boonsboro . In 256. REGISTRADS SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 1967

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. Page 4 may

VR A15 (4) 25M 1/67

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in pencil in Item 18. Give Pages 1,

writing the word "pending" in pencil in rwarded to the Chief Medical Examiner's

farwarded to

should be

funerol director.

the

please execute the certificate.

be executed within 24 hours after death.

This certificate shauld

along with form

e State Depo with the S poges long? any ev = File and permit. burial, cremation, or removal, burial-transit pesn pe agent, prior ta 3 should its designated refoined 10

FUNERAL DIRECTOR: Page ro FUNE Health

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04356 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence pergre admission) Washington o. SWeryland Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagers to Wn c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 1. Week Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Washington County Hospital Penna Ave YES NOKEX 3. NAME OF Middle 4. DATE Month Yeor DECEASED DAY-WHITE GOLDIE DOROTHY March 22 1967 (Type or print) DEATH IF UNDER 24 HRS S SFX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED birthdoy) Hours July 14 1888 White Female WIDOWEDXIX DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) Mo 12. CITIZEN OF WHAT during most of warking the even it retired Retired COUNTRY? Prairie Hill -andolph USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mollie Barnes Tyson Dameron 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes no arunknown) (If yes give war ar dates of service) 523-30-00864 Eldon J. Day 2417 Penna Ave Hagerstown Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Sudden DEATH Intercerebral hemorrhage IMMEDIATE CAUSE (o) DUE TO athrosclerosis, cerebral Conditions, if ony, which gove vears rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? incidental fracture, left hip Diabetes mellitus; NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CX Pt. fell at home while getting into bed on 3/14/67 CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) 19 67 at work Hagerstown Wash. Md. at work 21. I certify that Look charge of the remains described above, held an Autapsy Inspection . Inquiry ... and in my apinion death resulted fram: Hamicide Undetermined manner Accident / Suicide . 3/22/67 22. DATE SIGNED CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X 580 Northern Ave. Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) Removal 3/23/67
Hagers town Md ADDRESS
K. Coffman Funeral Home Inc Carmel Cemetery Huntsville Randolph Co Mon 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

MAR 27

1967

Milarles Jusque

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)		0435	7		CERTIFICAT	TE OF	DEATH			043	358
and and	1,	PLACE OF DEATH o. CDUNTY We shin	gton		MARYLAND		ual RESIDENCE (STATE Marylar		b COUNT		befare admission)
Pages aurs offi		write RURAL ond Hegers	outside corporote limit give nearest town) town		c. LENGTH OF STAY IN 16	c. CIT		utside corporate l			
in 72 h			ton Count			d. ST	125 N.	Main St	•		e. IS RESIDENCE ON A FARM? YES NO
Thon I		NAME OF DECEASED (Type or print)	Doll:	ist Le	Middle May	Wo1:	lost f e	4. DATE OF DEATH	March		Doy Year 19 67
A S	S.		6. COLOR OR RACE White	7, MARRIED WIDDWED	NEVER MARRIED		OF BIRTH 8 187		GE (In years ast birthdoy)	IF UNDER 1 Y	TEAR IF UNDER 24 HRS. Doys Hours Min. 22
ase ren nd in ar	10o duri		(Give kind of work done	10b, KIN	D OF BUSINESS OR OUSTRY WIN HOME		IRTHPLACE (County	& Stote, or foreig	n country)	12. CITIZE COUN	EN OF WHAT
l pnysici hen ple noval, a	_	FATHER'S NAME	Summers		230-00-0		nother's maiden	NAME			
rmit. T	IS. (Ye	WAS DECEASED EVER s, no. ocunknown)	IN U.S. ARMED FDRCES? (If yes give wor or dotes o	al comico l		. INFORM	ANT		Addres		stown, Md.
has been signed by the ottending physician and completely filled in by the funeral is as the burial-transit permit. Then please remove tarbon papers. Pages I and he prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death		18. CAUSE OF DE. PART 1. DEAT #50. Conditions, if any, rise to immediate stoting the under last.	which gove)	(o) Mes TD (b) art	o), (b), ond (d)) senteric th ceriosclero			e			300SE AND BEATH years
로 양도 기	CATION	PART II, OTHER SIG	Pneumo		D DEATH BUT NOT RELATED T	O THE TER	MINAL DISEASE CO	ONDITION GIVEN I	N PART 1(o)		19. WAS AUTOPSY PERFORMED? YES ND K
certificate hed for u ot, of Heal	L CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter n	oture of injury in	Port I or Port II	of item 18.)		
Affer this certifice be detached fo State Dept. of H	MEDICAL	Hour *o.m p.m	1. 19	While of work	Not While of work	factory, stre	JURY (Home, for et, office bldg., etc		City or town)	(Count	., ,
should with the		saw the de 220. SIGNATURE	y that (I) (this hos ceased alive on	pital) attend	ed the deceased fram. 30,1967, and the	hat deat AT M.D. PH	tending X	MED. DIRECTOR	STAFF PHYS.	22b. DATE 3/3	dote stated abov
VERAL TOOK POOR		22c. PHYSICIAN'S NAME (Type)	Howard	N. WE	ks, M.D.	2:	2d. ADDIPESS 5	80 Nor	own, M	iaryla	ınd
director, poge 3 should be filed v	230	BURIAL, CREMATIO REMOVAL (Specify) BURIAL	N, 236. DATE TH		Boonsboro		erv	Boor	10N (City or Tov	lid.	ounty) (Stote)
R A15 (4)	24	FUNERAL DIRECTOR		NY 15-2	ADDRESS		2So. REC	D BY REGISTRAR		GISTRAR'S SIGN	NATURE

